

HCBS/FE PERSONAL CARE SERVICES WORKER LOG

Provider name: _____

Customer name: _____

Date (MM/DD/YY)	Duties provided (see Legend)	Start time	End Time	Total hours	Worker initials	Customer initials
Sun:		AM PM	AM PM			
Mon:		AM PM	AM PM			
Tues:		AM PM	AM PM			
Wed:		AM PM	AM PM			
Thurs:		AM PM	AM PM			
Fri:		AM PM	AM PM			
Sat:		AM PM	AM PM			
Sun:		AM PM	AM PM			
Mon:		AM PM	AM PM			
Tues:		AM PM	AM PM			
Wed:		AM PM	AM PM			
Thurs:		AM PM	AM PM			
Fri:		AM PM	AM PM			
Sat:		AM PM	AM PM			
Sun:		AM PM	AM PM			
Mon:		AM PM	AM PM			
Tues:		AM PM	AM PM			
Wed:		AM PM	AM PM			
Thurs:		AM PM	AM PM			
Fri:		AM PM	AM PM			
Sat:		AM PM	AM PM			
Sun:		AM PM	AM PM			
Mon:		AM PM	AM PM			
Tues:		AM PM	AM PM			
Wed:		AM PM	AM PM			
Thurs:		AM PM	AM PM			
Fri:		AM PM	AM PM			
Sat:		AM PM	AM PM			

Legend	
Code:	Duties:
A	Bathing / Grooming
B	Dressing / Undressing
C	Toileting
D	Transfer
E	Walking / Mobility
F	Eating
G	Meal Preparation
H	Shopping
I	Money Management
J	Transportation (accompanying only)
K	Laundry / Housekeeping
L	Management of Meds / Treatments

Comments:

I certify this information is correct and the above documented duties were provided:

Worker name (PRINT)

Worker signature

Worker name (PRINT)

Worker signature

Customer name (PRINT)

Customer signature