

SunShine Care, Inc.

Personal Care Agency PCW Daily Assignment/Timesheet

Client Name (print clearly)			Client ID		Year of Service		
Employee Name (print clearly) _					Hours between 5:00 AM - 10:00 PM ONLY		
** CROSS OUT AND INITIAL ANY MIST	AKES. DO NOT US	SE WHITE OUT. ONLY U	USE BLACK OR DARK	BLUE INK **			
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DATE OF SERVICE							
START TIME							
END TIME							
TASKS							
Bathing/Shower (circle)							
Hair Care/Shampoo							
Oral Care							
Skin Care/Nail Care (circle one)							
Dressing/Undressing							
Splints/Braces (apply/remove)							
Splints/Braces (apply/remove) ROM (Range of Motion Ex)							
Eye Glasses/Hearing Aid Care							
Eye Glasses/Hearing Aid Care Assist with walking							
Transfers							
Toileting							
Depend/Diaper Change (circle)							
Depend/Diaper Change (circle) Vital Signs Dressings/Teds Feed Breakfast							
Dressings/Teds							
Feed Breakfast							
Feed Lunch							
Feed Supper							
HOUSEKEEPING							
Meal Preparation							
Bed (change/make)							
Light Cleaning							
Laundry/Food Shopping (circle)							
TOTAL MEDICAID TIME							
Medical Appointments / PRN Hrs							
SunShine Care Training Hrs							
I verify this record is accurate.	SIGNATURE - C	Client or Guardian				Date Signe	1

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COMMENTS:					
Please note the following: general comments, changes in client	ent's condition, em	nergency hours,	refusal of care,	PRN hour usage	<u>e, EVV issues, etc.</u>
Personal Care Worker Signature					
I verify that both pages of this record are accurate and complete.					
Signature of Personal Care Worker	Date Signed				
-g	2410 3191104				
Signature of Registered Nurse/Human Resources	Date Signed				

**REMEMBER TO TURN YOUR TIMESHEETS IN ON TIME!!!