



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 MISTAKES. DO NOT USE WHITE OUT. ONLY 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)							
ROM (Range of Motion Ex)							
Eye Glasses/Hearing Aid Care							
Assist with walking							
Transfers							
Toileting							
Depend/Diaper Change (circle)							
Vital Signs							
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 - Client or Guardian

Date Signed

