

NEW SERENITY PERSONAL CARE

Service Plan

Client Name _____ Client's Representative _____

Admission Date _____ Service Start Date _____ Agency Manager/Designee _____

Days of Services	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Special Directives
Attendant Care Services								
Bathing Assistance <i>(Bath, Shower, Sponge Bath or Bed Bath)</i>								
Dressing/Assistance								
Grooming Assistance								
Medication Assistance <i>(Med Reminders Only)</i>								
Toileting Assistance								
Transfer Assistance								
Other								
Meals								
Breakfast								
Lunch								
Dinner								
Snacks								
Homemaking Services								
Change Bed Linen								
Clean Bathroom								
Clean Kitchen								
Clean Fridge								
Clean Oven								
Clean Windows								
Dust								
Laundry								
Mop								
Vacuum								
Other								
Companion Services								
Recreational Activities								
Shopping								
Other								
Transportation								
Appointments								
Errands								
Other								

Comments/Instructions

The services to be provided to the client are subject to the client's right to temporarily suspend, permanently terminate, temporarily add, or permanently add services to the provision of any service.

Client or Client Representative Authorized Signature

Date

Agency Representative Signature

Date