Your Family Our Promise

SunShine Care, Inc.

Personal Care Agency

PCW Daily Assignment / Time Sheet

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																					
Assist with bathing																					
Dressing & undressing																					
Oral care (teeth & mouth)																					
Denture care																					
Hair care																					
Skin care (excludes wound care)																					
Nail care																					
Hearing aid care																					
Eye glasses care																					
Meal preparation																					
Feed breakfast																					
Feed lunch																					
Feed dinner																					
Assist with mobility																					
Assistance in & out of bed																					
Transfers																					
Toileting																					
Incontinence / depends care																					
Make / change bed linens																					
Laundry: client's clothes & linens																					
Light cleaning																					
Food purchasing																					
TOTAL MEDICAID TIME																					
Medical Appointment / PRN Hours																					
SunShine Care Training Hours																					

I verify this record is accurate: _____ _____

SIGNATURE - Client or Guardian **Date Signed**

SunShine Care, Inc., 1101 W. Clairemont Avenue, Suite 2A. Eau Claire, WI 54701 Phone: (715) 514-5566 Fax: (715) 514-5562

COMMENTS: Please indicate in the comment section any changes in your client's condition, care, emergency hours, refusal of care, PRN hour usage, EVV issues, etc. Please include dates and times for any client issues / EVV corrections. Be as detailed as you can.

Personal Care Worker Signature

I verify that both pages of this record are accurate and complete.

Signature of Personal Care Worker (PCW) **Date Signed**

Signature of Registered Nurse/Human Resources **Date Signed**

****OFFICE USE ONLY****

- ☐ PCW uses EVV
- ☐ 60 Day RN H.Visit | Date: _____
- ☐ Other Notes: _____

_____

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**** Time sheets are due the week of payday/Please follow payday calendar ****

Rev. 10.2025