

VICAR'S LANDING CLIENT NOTE

Client Name:	Address:		
Caregiver Name:	Date:	Shift:	

Task	TIME IN	TIME OUT	COMMENT
COMPANION SERVICES	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	Lunch Break: 30 60 90 minutes No Break: _____ (Client initial required. NO EXCEPTIONS)
HOUSEKEEPING		<input type="checkbox"/>	
LAUNDRY		<input type="checkbox"/>	
MEAL PREP		<input type="checkbox"/>	
ESCORT OFF CAMPUS		<input type="checkbox"/>	
COMPANIONSHIP		<input type="checkbox"/>	
SOCIAL ENGAGEMENT		<input type="checkbox"/>	
SHOPPING		<input type="checkbox"/>	
PERSONAL CARE SERVICES			
BATHING ASSIST		<input type="checkbox"/>	SPECIFY: <input type="checkbox"/> SHOWER <input type="checkbox"/> BATH <input type="checkbox"/> BED BATH
DRESSING ASSIST		<input type="checkbox"/>	
TOILETING ASSIST		<input type="checkbox"/>	
ORAL CARE		<input type="checkbox"/>	
TRANSFER/AMBULATION		<input type="checkbox"/>	
PERSONAL HYGIENE		<input type="checkbox"/>	<input type="checkbox"/> HAIR CARE <input type="checkbox"/> SHAVING <input type="checkbox"/> NAIL CARE <input type="checkbox"/> SKIN CARE
SUPPORTIVE SERVICES			
SAFETY MONITORING		<input type="checkbox"/>	
REDIRECTION		<input type="checkbox"/>	
CLIENT REFUSE SERVICE		<input type="checkbox"/>	
CLIENT NOT HOME		<input type="checkbox"/>	
CLIENT DISMISSED CAREGIVER		<input type="checkbox"/>	

Client agrees by signing this client note, that hours reflect the total of hours and satisfaction with providers' standards of care.

 Client Signature Date

Provider certifies by signing the client note that the hours are accurately represented, and the total hours worked are correct.

 Caregiver Signature and Title Date