

CONSUMER/CLIENT NAME: _____ CAREGIVER NAME: _____

Respite Community Connection

CAREGIVER DUTIES:	Date	SUN	MON	TUES	WED	THUR	FRI	SAT
	Week of _____ - _____	_____	_____	_____	_____	_____	_____	_____
	Time In							
	Time Out							
	Hours							
	Consumer/Client Initials							
ADLs	<input type="checkbox"/> Bathing							
	<input type="checkbox"/> Grooming							
	<input type="checkbox"/> Dressing							
	<input type="checkbox"/> Eating/Feeding							
	<input type="checkbox"/> Mobility/Walking							
	<input type="checkbox"/> Transferring							
	<input type="checkbox"/> Toileting							
	<input type="checkbox"/> Other:							
IADLs	<input type="checkbox"/> Medication Administration							
	<input type="checkbox"/> Housekeeping							
	<input type="checkbox"/> Laundry							
	<input type="checkbox"/> Meal Planning/Preparation							
	<input type="checkbox"/> Shopping/Errands							
	<input type="checkbox"/> Other:							
Maintenance	<input type="checkbox"/> Inside:							
	<input type="checkbox"/> Outside:							
	<input type="checkbox"/> Other:							
Management	<input type="checkbox"/> Finances/Bills							
	<input type="checkbox"/> Mail							
	<input type="checkbox"/> Organization							
	<input type="checkbox"/> Other:							
Other	<input type="checkbox"/> Accompany on Outings/Appointments							
	<input type="checkbox"/> Conversation/Companionship							
	<input type="checkbox"/> Other:							

Consumer/Client Signature: _____ Date: _____

Employee Signature: _____ Date: _____