

# Carter's Caring Caregivers

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## Client Intake Form

Client Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Primary Contact (Name & Relationship): \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

Service Start Date: \_\_\_\_\_

Type of Services Requested (check all that apply):

☐ Personal Care ☐ Companionship ☐ Meal Prep ☐ Light Housekeeping

☐ Transportation ☐ Medication Reminders ☐ Other: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

Notes: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Carter's Caring Caregivers

## Individualized Care Plan

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Client Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Reviewed On: \_\_\_\_\_

Goals of Care:

\_\_\_\_\_

Services to be Provided:

- \_\_\_\_\_

- \_\_\_\_\_

- \_\_\_\_\_

Schedule (Days/Times): \_\_\_\_\_

Caregiver Preferences (if any): \_\_\_\_\_

Supervisor Notes: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Representative: \_\_\_\_\_ Date: \_\_\_\_\_

# Carter's Caring Caregivers

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## Incident Report Form

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_

Description of Incident:

\_\_\_\_\_

Was injury sustained? ☐ Yes ☐ No

Describe injury (if applicable): \_\_\_\_\_

Was emergency response initiated? ☐ Yes ☐ No

Actions Taken: \_\_\_\_\_

Reported to Supervisor: ☐ Yes ☐ No Time: \_\_\_\_\_

Follow-Up Required: ☐ Yes ☐ No

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Review: \_\_\_\_\_ Date: \_\_\_\_\_

# Carter's Caring Caregivers

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## Daily Caregiver Log

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Time In: \_\_\_\_\_ Time Out: \_\_\_\_\_

Tasks Completed:

☐ Personal Care    ☐ Meal Prep    ☐ Companionship

☐ Light Housekeeping    ☐ Medication Reminders

Other Tasks/Notes: \_\_\_\_\_

\_\_\_\_\_

Client/Caregiver Comments:

\_\_\_\_\_

Caregiver Signature: \_\_\_\_\_

Client/Representative Signature: \_\_\_\_\_