

ALABAMA CARES DSP WEEKLY SERVICES LOG



CARE RECIPIENT'S NAME: _____

DATE: _____

CAREGIVER'S NAME: _____

COUNTY: _____

COMPANY PROVIDING SERVICES: _____

Place a check in the box for each day a task is performed. Write an N in each box assigned but Not needed that day.

HOMEMAKER								PERSONAL CARE							
DAY OF THE WEEK	S	M	T	W	T	F	S	DAY OF THE WEEK	S	M	T	W	T	F	S
Bathe client								Bathe client							
Make bed/Change linen								Skin/hair/oral							
Dust/ Sweep/Vacuum								Nail care							
Clean/Defrost Refrig.								Shave							
Clean stove/oven								Dress client							
Damp mop								Bowel/bladder							
Wash dishes								Turn client							
Empty trash								Make bed/Change linen							
Meal Preparation								Observe/report on client							
Clean bathroom								Medications (remind)							
Clean living area								Ensure home safety							
Wash/dry clothes								Meal/snack preparation							
Iron/mend clothes								Feed client							
Prescribed diet (assist)								Housekeeping (light)							
Run Errands								Laundry (light)							
Ensure Home Safety								Transfer (bed/chair)							
Remind to take Meds.								Ambulation (assist)							
Pay bills								Toileting/continence							
Phone (assist with use)								Medications (remind)							
Letters (read/write/mail)								Ensure home safety							
Observe/report on client								Other...							
Other...															

UNSKILLED RESPITE/COMPANION								ADDITIONAL COMMENTS							
DAY OF THE WEEK	S	M	T	W	T	F	S								
Supervise/observe															
Housekeeping (light)															
Laundry (assist/sup.)															
Bathe/groom/hygiene															
Toileting/continence															
Meal/snack (remind)															
Medications (remind)															
Grocery (accompany)															
Medical (accompany)															
Ensure home safety															

This is to certify that the information on this form is true, accurate and complete. I understand that I am certifying that I have received the services listed on the dates specified. (List services provided in services box below as: HM = homemaker, PC = personal care, CO = companion, UR = unskilled respite)

DAY OF THE WEEK	DATE	TIME IN	TIME OUT	SERVICES	CLIENT (OR CG SIGNATURE)	WORKER'S SIGNATURE
SUNDAY						
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						

REVIEWED BY SUPERVISOR: _____

DATE: _____