CLIENT CARE RECORD
PC I __  PC II __  Homemaker __  Companion __  HASCI ___  Other _______________

Client: ___________________________  CLTC#: ___________________  Worker ID #: ___________________

**BEGIN WEEK:** / /  

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**PERSONAL CARE**

- Assist Oral Hygiene
- Assist with Hair Care
- Assist with Dressing
- Assist with Bathing
- Assist with Skin Care
- Other: 

**NUTRITION**

- Prepare Breakfast
- Prepare Lunch
- Prepare Dinner
- Prepare Snack
- Meal Set-Up

**ACTIVITIES**

- Ambulation for Leisure/ Exercise
- Transfer to Bed/ Chair
- Turn and Reposition
- ROM Exercises

**COMPANION**

- Stimulating Conversation
- Medication Reminders
- Read to Client
- Participate in Crafts/Games
- Outing for Leisure
- Escort to Appointment/Errands

**HOMEMAKING**

- Laundry
- Clean Kitchen/ Bathroom
- Light Housework
- Make Bed/ Change Linen
- Participant/RP Initials

***RECORD INITIALS WHEN TASKS ARE COMPLETED  *** CALL AGENCY WITH ANY QUESTIONS (803) 810-2060

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<th>DAY</th>
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**CLIENT SIGNATURE:** ___________________________  DATE: ___________________

**REVIEWED BY:** ___________________________  DATE: ___________________

CLTC Participants--Do Not Sign
DDSN MR/RD Participants-- Sign and Initial Daily