

LONG TERM – PERSONAL CARE SERVICES (LT-PCS) LOG

PROVIDER'S NAME:							
DIRECT SERVICE WORKER'S NAME (PRINT):							
PARTICIPANT'S NAME:					PARTICIPANT'S DOB:		
Week Of:		Through:					
Day Of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Date→							
Tasks:	Indicate Tasks Completed Each Day by Signing with Worker's Initials.						
Eating							
Bathing							
Dressing							
Grooming							
Transferring							
Ambulation							
Toileting							
Light Housekeeping							
Food Preparation & Storage							
Shopping							
Laundry							
Medication Reminders							
Assist to Scheduled Medical Appointment							
Assist to Arrange Medical Transportation							
Accompany to Medical Appointments							

PARTICIPANT/RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE'S SIGNATURE: _____ **DATE:** _____

DIRECT SERVICE WORKER'S SIGNATURE: _____ **DATE:** _____

NOTE: TIMES OF SERVICE DELIVERY, AS WELL AS LOCATION AT CHECK IN/OUT, ARE DOCUMENTED THROUGH THE ELECTRONIC VISIT VERIFICATION (EVV) SYSTEM.

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