VNS CAREGIVERS INC.30 HAZEL TER STE 4 WOODBRIDGE CT 06525.
TEL: 203-298-4867. FAX:203-404-3109. EMAIL: VNSCAREGIVERS@GMAIL.COM

PCA VISIT RECORD

Client Name: _ Week Ending Date: _ _ _ _ _ _ _ _ _ _ _ _

Aide's Name: _____ Signature _____Date_____

Enter date and time in and time out (to include AM or PM) and ensure client signs on each day worked.

Date of Service	Day of Week	Time IN	Time OUT	Tim e IN	**Time OUT**	**CLIENTS MUST SIGN TIMESHEETS DAILY.**
	Sunday					Client Signature:
	Monday					Client Signature
	Tuesday					Client Signature:
	Wednesday					Client Signature:
	Thursday					Client Signature:
	Friday					Client Signature:
	Saturday					Client Signature:

Ensure timesheets are completed, entirely, accurately and they are legible. No scratch-outs. No white-out. If you make a mistake, draw a single line through it, initial it and make your correction.

TOTAL HOURS W0RKED:

	Assignment (MUST HAVE 10 OR MORE TASKS)	**SUN**	**MON**	**TUE**	**WED**	**THU**	**FRI**	**SAT**	**Comments**
01	Bathing/personal care/grooming								
02	Dressing/undressing								
03	Oral Care/ Denture Care								
04	Toileting/bowel and bladder care								
05	Turing, positioning and transferring								
06	Assist with ambulation/mobility/transfer								
07	Monitor skin condition								
08	Skin care/observation								
09	Skin care/ treatment								
10	Catheter care (exclude catheter insertion/removal)								
11	Ostomy care								
12	Tracheotomy care								
13	Assist tube feeding								
14	Passive & Active Range of Motion Exercises								
15	Diet monitoring/meal preparation/education								
16	Feeding								
17	Medication reminding/cueing								
18	Laundry								
19	Light housework								
21	Outdoor work (water plants, fill bird feeder)								
22	Make bed								
23	Grocery shop								
24	Errands								
25	Personal business (bill paying, communication)								
26	Socialization								
27	Accompany to medical appointment								
28	Accompany to other location								
29	Snacks/Light Meals								
NUMBER OF TASKS									

All timesheets must be received on or before every Sunday by 10am following the week worked. Timesheets received after the deadline will be held until the following pay period. Blank Timesheets can be found at our website www.vnscaregivers.com/work-tools.html .

DROP TIMESHEETS IN THE WHITE DROP BOX IN FRONT OF THE OFFICE BUILDING MAIN ENTRANCE.