



HHA/PCA AIDE DUTYSHEET

HHA/PCA NAME (Last, First) PRINTED:				PATIENT NAME (Last, First) PRINTED:									
COORDINATOR:		YEAR: 2025		PATIENT ADDRESS:									
SATURDAY		SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY	
DATES OF SERVICE (MM/DD)													
TIME IN (Circle AM/PM)		AM PM		AM PM		AM PM		AM PM		AM PM		AM PM	
TIME OUT (Circle AM/PM)		AM PM		AM PM		AM PM		AM PM		AM PM		AM PM	
DAILY TOTAL HOURS													
PATIENT SIGNATURE													
NOTE: Patient's signature is required for each DATE when service was provided. Patient's signature certifies that the hours of service noted above have been received. HHA/PCA SIGNATURE: _____													

TASKS

DESCRIPTION		S	S	M	T	W	T	F	DESCRIPTION		S	S	M	T	W	T	F
BATH	<input type="checkbox"/> TUB - 100 <input type="checkbox"/> SHOWER - 101								TAKE TEMPERATURE - 400								
	<input type="checkbox"/> TOTAL CARE - 103 <input type="checkbox"/> BED - 102								<input type="checkbox"/> ORAL <input type="checkbox"/> RECTAL <input type="checkbox"/> AXILLARY								
	<input type="checkbox"/> ASSIST								TAKE PULSE - 403								
PERSONAL CARE	MOUCH CARE/DENTURE CARE - 106								TAKE RESPIRATIONS - 404								
	HAIR CARE COMB - 107 SHAMPOO - 108								TAKE BLOOD PRESSURE - 405								
	GROOMING SHAVE - 109 NAILS - 110								WEIGHT PATIENT - 406								
	DRESSING - 111								RECORD OUTPUT (URINE/BM) - 407								
	SKIN CARE - 112								ASSIST WITH CATHETER CARE - 408								
	FOOT CARE - 113								EMPTY POLEY BAG - 409								
TOILETING	<input type="checkbox"/> DIAPER - 114								ASSIST WITH OSTOMY CARE - 410								
	<input type="checkbox"/> COMODE - 115								REMIND TO TAKE MEDICATION - 411								
	<input type="checkbox"/> BEDPAN/URINAL - 116								ASSIST WITH TREATMENTS SPECIFY AS WRITTEN ON POC.								
MEALS	<input type="checkbox"/> TOILET - 117								CHANGE BED LINEN - 500								
	NUTRITION								PATIENT LAUNDRY - 502								
	DIET: <input type="checkbox"/> REG <input type="checkbox"/> PRESCRIBED - 201								LIGHT HOUSEKEEPING - 502								
	PAREPARE: <input type="checkbox"/> BREAKFAST - 202								<input type="checkbox"/> PATIENT ROOM <input type="checkbox"/> KITCHEN								
	<input type="checkbox"/> LUNCH - 203 <input type="checkbox"/> DINNER - 204								<input type="checkbox"/> BATHROOM								
	<input type="checkbox"/> PREPARE SNAKS- 205								<input type="checkbox"/> PATIENTCARE EQUIPMENT - 505								
	<input type="checkbox"/> ASSIST WITH FEEDING - 206								DO PATIENT SHPPING - 506								
	RECORD INTAKE:								DO PATIENT ERRANDS - 507								
<input type="checkbox"/> FOOD - 207 <input type="checkbox"/> FLUID - 208								ACCOMPANY PATIENT TO MEDICAL APPOITMENT - 508									
AMBULATION	TRANSFERRING - 300								DIVERSIOONAL ACTIVITIES - 509								
	ASSIST WITH WALKING - 301								(SPECIFY)								
	TURNING AND POSITIONING - 311								<input type="checkbox"/> READING <input type="checkbox"/> TALKING								
	DEVICE IN USE - 302								MONITOR PATIENT SAFETY - 511								
	<input type="checkbox"/> CANE <input type="checkbox"/> WALKER <input type="checkbox"/> CRUTCHES								MODERATE EXERCISE/WALKING								
	ASSIST WITH HOME EXERCISE																
	PROGRAM - 305																
	ASSIST WITH ROM - 306																
EXERCISE: <input type="checkbox"/> R. ARM <input type="checkbox"/> L. ARM																	
<input type="checkbox"/> R. FOOT <input type="checkbox"/> L. FOOT <input type="checkbox"/> NECK								PATIENT UNABLE TO SIGN									

NOTE: USE BLACK INK ONLY. WE DO NOT ACCEPT FAXES AND COPIES. ALL TIMESHEETS MUST BE MAILED EVERY FRIDAY AND RECEIVED BY MONDAY. FOLLOWING THE WORKED WEEK IF YOUR TIMESHEETS ARE LATE YOU WILL NOT BE PAID FOR THIS PERIOD. IT IS A FEDERAL CRIME TO PROVIDE FALSE INFORMATION ON THE TIMESHEET.