



### HHA/PCA AIDE DUTYSHEET

HHA/PCA NAME (Last, First) PRINTED:				PATIENT NAME (Last, First) PRINTED:					
COORDINATOR:		Year: 2026		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	
TIME OUT (Circle AM/PM)		AM PM		AM PM		AM PM		AM PM	
DAILY TOTAL HOURS									
PATIENT SIGNATURE									
<b>NOTE:</b> 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								□ ORAL <input type="checkbox"/> RECTAL <input type="checkbox"/> AXILLARY									
	<input type="checkbox"/> ASSIST									TAKE PULSE - 403								
PERSONAL CARE	MOUTH CARE/DENTURE CARE - 106									TAKE RESPIRATIONS - 404								
	HAIR CARE	COMB - 107	TAKE BLOOD PRESSURE - 405															
		SHAMPOO - 108	WEIGHT PATIENT - 406															
	GROOMING	SHAVE - 109	RECORD OUTPUT (URINE/BM) - 407															
		NAILS - 110	ASSIST WITH CATHETER CARE - 408															
	DRESSING - 111									EMPTY POLEY BAG - 409								
TOILETING	SKIN CARE - 112									ASSIST WITH OSTOMY CARE - 410								
	FOOT CARE - 113									REMIND TO TAKE MEDICATION - 411								
	<input type="checkbox"/> DIAPER - 114									ASSIST WITH TREATMENTS SPECIFY AS WRITTEN ON POC.								
	<input type="checkbox"/> COMODE - 115									CHANGE BED LINEN - 500								
MEALS	<input type="checkbox"/> BEDPAN/URINAL - 116									PATIENT LAUNDRY - 502								
	<input type="checkbox"/> TOILET - 117									LIGHT HOUSEKEEPING - 502								
	NUTRITION									<input type="checkbox"/> PATIENT ROOM <input type="checkbox"/> KITCHEN								
	DIET: <input type="checkbox"/> REG <input type="checkbox"/> PRESCRIBED - 201									<input type="checkbox"/> BATHROOM								
	PAREPARE: <input type="checkbox"/> BREAKFAST - 202									<input type="checkbox"/> PATIENTCARE EQUIPMENT - 505								
AMBULATION	<input type="checkbox"/> LUNCH - 203 <input type="checkbox"/> DINNER - 204									DO PATIENT SHIPPING - 506								
	<input type="checkbox"/> PREPARE SNAKS- 205									DO PATIENT ERRANDS - 507								
	<input type="checkbox"/> ASSIST WITH FEEDING - 206									ACCOMPANY PATIENT TO MEDICAL APPOINTMENT - 508								
	RECORD INTAKE:									DIVERSIOONAL ACTIVITIES - 509 (SPECIFY)								
	<input type="checkbox"/> FOOD - 207 <input type="checkbox"/> FLUID - 208									<input type="checkbox"/> READING <input type="checkbox"/> TALKING								
EXERCISE	TRANSFERRING - 300									MONITOR PATIENT SAFETY - 511								
	ASSIST WITH WALKING - 301									MODERATE EXERCISE/WALKING								
	TURNING AND POSITIONING - 311									PATIENT UNABLE TO SIGN								
	DEVICE IN USE - 302																	
	<input type="checkbox"/> CANE <input type="checkbox"/> WALKER <input type="checkbox"/> CRUTCHES																	
	ASSIST WITH HOME EXERCISE																	
PROGRAM	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																	
SPECIAL NEEDS																		
HOUSEHOLD																		
ACTIVITIES																		
OTHER																		

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.