



## 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	AM PM	AM PM	AM PM
TIME OUT (Circle AM/PM)	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
<b>BATH</b>	<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"/> AXILARY								
	<input type="checkbox"/> ASSIST								TAKE PULSE - 403								
<b>PERSONAL CARE</b>	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								
<b>TOILETING</b>	DRESSING - 111								EMPTY POLEY BAG - 409								
	SKIN CARE - 112								ASSIST WITH OSTOMY CARE - 410								
	FOOT CARE - 113								REMIND TO TAKE MEDICATION - 411								
	<input type="checkbox"/> DIAPER - 114								ASSIST WITH TREATMENTS								
<b>MEALS</b>	<input type="checkbox"/> COMODE - 115								SPECIFY AS WRITTEN ON POC.								
	<input type="checkbox"/> BEDPAN/URINAL - 116								CHANGE BED LINEN - 500								
	<input type="checkbox"/> TOILET - 117								PATIENT LAUNDRY - 502								
	NUTRITION								LIGHT HOUSEKEEPING - 502								
	DIET: <input type="checkbox"/> REG <input type="checkbox"/> PRESCRIBED - 201								<input type="checkbox"/> PATIENT ROOM <input type="checkbox"/> KITCHEN								
	PREPARE: <input type="checkbox"/> BREAKFAST - 202								<input type="checkbox"/> BATHROOM								
	<input type="checkbox"/> LUNCH - 203 <input type="checkbox"/> DINNER - 204								<input type="checkbox"/> PATIENTCARE EQUIPMENT - 505								
<b>HOUSEHOLD</b>	<input type="checkbox"/> PREPARE SNAKS- 205								DO PATIENT SHPPING - 506								
	<input type="checkbox"/> ASSIST WITH FEEDING - 206								DO PATIENT ERRANDS - 507								
	RECORD INTAKE:								ACCOMPANY PATIENT TO								
	<input type="checkbox"/> FOOD - 207 <input type="checkbox"/> FLUID - 208								MEDICAL APPOINTMENT - 508								
	TRANSFERRING - 300								DIVERSIOONAL ACTIVITIES - 509								
<b>ACTIVITIES</b>	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																
<b>OTHER</b>	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.