

# A.C.T. HOME CARE, INC.

## AIDE WORKSHEET / ICWP CLIENTS

CLIENT NAME \_\_\_\_\_ MR# \_\_\_\_\_

MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

DATE	MON	TUE	WED	THU	FRI	SAT	SUN
AM/PM							
TIME IN							
TIME OUT							
TOTAL							
EMPLOYEE SIGNATURE							
	X	X	X	X	X	X	X

By my signature above I submit that this worksheet is correct and that I have performed the activities indicated to the best of my ability. I am aware that failure to sign & turn in paperwork by 12 noon on Mondays will result in disciplinary action.

WEEKLY TOTAL \_\_\_\_\_

I have reviewed this activity record and verify that it corresponds to the assignment/care plan. Any comments/concerns have been documented on progress notes and have been discussed with appropriate parties.

RN SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

	MON	TUE	WED	THU	FRI	SAT	SUN
L1 Prepare Meals/Clean Up							
L1 Vacuum							
L1 Dust							
L1 Empty Trash							
L1 Mop							
L1 Clean Client's Room							
L1 Clean Kitchen							
L1 Clean Bathroom							
L1 Laundry							
L1 Errands, other							
L2 Remind client to take meds							
L2/L3 Bath / Shower / Bed Bath							
L2/L3 Ambulation/Transfer							
L2/L3 Hair Care							
L2/L3 Oral Care							
L2/L3 Skin Care/Shaving/Nails (file only)							
L2/L3 Dressing							
L2/L3 Toileting/Diapering							
L2/L3 Observe Skin							
L2/L3 Watchful Oversight							
L2/L3 Feed Patient/Assist							
L2/L3 Offer Fluids							
	X	X	X	X	X	X	X

**Worksheets Due by  
12:00 Noon Mondays  
NO EXCEPTIONS!!!!**

CLIENT SIGNATURE

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