

**LONG TERM – PERSONAL CARE SERVICES (LT-PCS) LOG**

<b>PROVIDER'S NAME:</b>							
<b>DIRECT SERVICE WORKER'S NAME (PRINT):</b>							
<b>PARTICIPANT'S NAME:</b>					<b>PARTICIPANT'S DOB:</b>		
<b>Week Of:</b>		<b>Through:</b>					
<b>Day Of Week:</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<b>Date→</b>							
<b>Tasks:</b>	<b>Indicate Tasks Completed Each Day by Signing with Worker's Initials.</b>						
<b>Eating</b>							
<b>Bathing</b>							
<b>Dressing</b>							
<b>Grooming</b>							
<b>Transferring</b>							
<b>Ambulation</b>							
<b>Toileting</b>							
<b>Light Housekeeping</b>							
<b>Food Preparation &amp; Storage</b>							
<b>Shopping</b>							
<b>Laundry</b>							
<b>Medication Reminders</b>							
<b>Assist to Scheduled Medical Appointment</b>							
<b>Assist to Arrange Medical Transportation</b>							
<b>Accompany to Medical Appointments</b>							

**PARTICIPANT/RESPONSIBLE REPRESENTATIVE/LEGAL REPRESENTATIVE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECT SERVICE WORKER'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE: TIMES OF SERVICE DELIVERY, AS WELL AS LOCATION AT CHECK IN/OUT, ARE DOCUMENTED THROUGH THE ELECTRONIC VISIT VERIFICATION (EVV) SYSTEM.**

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