Meriden
ELDERLY SERVICES

PCA
TIME SLIP
203.639.2192

CLIENT NAME: _____
(PLEASE PRINT)

PERIOD ENDING: _____/_____/_____
(ALWAYS SATURDAY) Month Day Year

EMPLOYEE NAME: _____
(PLEASE PRINT)

Reminder
The week always start on Sunday

TOTAL PCA WEEKLY HOURS

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Date	/ /	/ /	/ /	/ /	/ /	/ /	/ /
In	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM
Out	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM	: AM PM
Hours	:	:	:	:	:	:	:

ADL/IADL Codes: **R- Routine** **F- Frequent** **I- Intermittent**

PCA

ADLs							
Bathing							
Dressing							
Eating/Feeding							
Grooming							
Mobility/Walking							
Toileting/Bowel and bladder care							
Transferring							

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IADLs							
Cueing/Reminders for self-medication administration							
Housekeeping							
Laundry							
Meal Preparation/Planning							
Shopping							

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Other							
Accompany to appointments							
Conversation							
Errands							
Mail/Correspondence							
Telephone use							
Other_____							
Other_____							

_____
Employee Signature

_____
Supervisor Signature

_____
Date Received

DAILY CLIENT SIGNATURE							
	X	X	X	X	X	X	X