



**PCA**  
**TIME SLIP**  
**860.839.6712**

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    | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> |
| Out   | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> | : :<br><small>AM<br/>PM</small> |
| Hours | : :                             | : :                             | : :                             | : :                             | : :                             | : :                             | : :                             |

ADL/IADL Codes:

R- Routine

F- Frequent

I- Intermittent

PCA

| ADLs                             | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|----------------------------------|-----|-----|-----|-----|-----|-----|-----|
| Bathing                          |     |     |     |     |     |     |     |
| Dressing                         |     |     |     |     |     |     |     |
| Eating/Feeding                   |     |     |     |     |     |     |     |
| Grooming                         |     |     |     |     |     |     |     |
| Mobility/Walking                 |     |     |     |     |     |     |     |
| Toileting/Bowel and bladder care |     |     |     |     |     |     |     |
| Transferring                     |     |     |     |     |     |     |     |

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| IADLs   | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|---|-----|-----|-----|-----|-----|-----|-----|
| Cueing/Reminders for self-medication administration |     |     |     |     |     |     |     |
| Housekeeping  |     |     |     |     |     |     |     |
| Laundry   |     |     |     |     |     |     |     |
| Meal Preparation/Planning                           |     |     |     |     |     |     |     |
| Shopping  |     |     |     |     |     |     |     |

PCA

| Other                     | Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|---------------------------|-----|-----|-----|-----|-----|-----|-----|
| Accompany to appointments |     |     |     |     |     |     |     |
| Conversation              |     |     |     |     |     |     |     |
| Errands                   |     |     |     |     |     |     |     |
| Mail/Correspondence       |     |     |     |     |     |     |     |
| Telephone use             |     |     |     |     |     |     |     |
| Other _____               |     |     |     |     |     |     |     |
| Other _____               |     |     |     |     |     |     |     |

|                      |                               |   |   |   |   |   |   |   |   |
|----------------------|-------------------------------|---|---|---|---|---|---|---|---|
| Employee Signature   | <b>DAILY CLIENT SIGNATURE</b> |   |   |   |   |   |   |   |   |
| Supervisor Signature |                               | X | X | X | X | X | X | X | X |
| Date Received        |                               |   |   |   |   |   |   |   |   |