PROGRESS NOTES / TIME CARD

	CLIĘNT	Al	K.	Sel	tzer	ATTI	ENDANT NA	AME	Hol	du Wo	bod	
	TOTAL HOURS		24			ATTENDANT SIGNATURE			Aniboel			
Please Mark one of the following options: (was was not X injured in any way while on the job during the above mentioned pay period. Please call the office immediately with												
											with dotails	
(was was not injured in any way while on the job during the above mentioned pay period. Please call the office immediately with details. You have 48 hours to complete an incident report. Only those cares, tasks, or chores listed in the NSA/Care Plan are authorized. Mark the appropriate boxes verifying that you have performed the required services a											
	any required narrative documentation. PLEASE contact the office immediately if there is any change in the condition of the client.											
_	*items o											
	Day ASSIGNMENT	SM	r w Ţ Ḥ	ŞSM	r w T F S	Day ACTIVI	rv		S M	TWTFSS	MT WTFS	
* [Meal Prep	Ш	X	XП		* Shoppin	g		Ш	X		
· -	Assist with Eating Foileting	H	114	$\frac{1}{1}$		米 Laundry 米 Housew	ork		\mathbb{H}			
F	Mobility					Transpo						
-	Transfers Hygeine	\mathbf{H}	+++	HH		Emerger Medicati			П			
*[Dressing			$\forall \Box$		Supervis			\Box	 	 	
¥[Bathing		X	$X \coprod$								
* Narrative explanation of the task completed * Notate independent items as I * Notate refused care as R with narrative explanation												
Narrative Documentation: Refusals / Why, Condition Change (Please call office)												
(10/17) great day (10/18) At had a Oreach to												
eaten in meal prep required (0/19) no												
Clas Mina - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												
Shopping or Toundry resord 10/35+ He Dea												
	Al make a Dr's appointment for his rash.											
	The stropping or lower and y volate									edld.		
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Ye	ear: <u> </u>						<u> </u>			<u> </u>		
	Client & Employee Signar	ture Rec	uired fo	r FVFRY	shift worked							
Γ	TIME IN TIME OF	nî.		Client `	Caregiver		TIME IN	TIMEOUT		Client	Caregiver	
-	Date AM/PM AM/PI	м) тот L	7.7	ignature Settrus	Signature #10/	Date 10 (2)+	AM/PM	AM (PM)	TOTAL	Signature	Signature	
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To	tal	\ [)		•	Total			12		I	
TOTAL BILLABLE HOURS												

CP_CARE BOISE REV 3.17

WHITE: OFFICE

YELLOW: CLIENT