Assyrian Universal Alliance Foundation Monthly Task sheet

Task performance **May 2017**

HCA Name:		Client's Name:	

Day	Date	Eating/ Feeding	Bathing	Grooming	Dressing / Undressing	Transferring	Continence/Toileting	Telephoning	Meal Preparation	Laundry	Housework	Outside home	Routine health	Supervision /Being alone	Client or authorized Representative's Initials
Monday	**01**														
Tuesday	**02**														
Wednesday	**03**														
Thursday	**04**														
Friday	**05**														
Saturday	**06**														
Sunday	**07**														
Monday	**08**														
Tuesday	**09**														
Wednesday	**10**														
Thursday	**11**														
Friday	**12**														
Saturday	**13**														
Sunday	**14**														
Monday	**15**														
Tuesday	**16**														
Wednesday	**17**														
Thursday	**18**														
Friday	**19**														
Saturday	**20**														
Sunday	**21**														
Monday	**22**														
Tuesday	**23**														
Wednesday	**24**														
Thursday	**25**														
Friday	**26**														
Saturday	**27**														
Sunday	**28**														
Monday	**29**														
Tuesday	**30**														
Wednesday	**31**														

Home Care Aide Signature: _____ Date: _____

Supervisor Signature: _____ Supervisor's Name:

I certify and attest that I performed the services checked above on the days indicated.