

Task Sheet

Caregiver Name _____

Client _____ Week Starting _____ Week Ending _____

Date

 Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Arrival _____
 Departure _____

Services Requested			Services Requested		
Housekeeping	M	TU	W	TH	F S SUN
	M	TU	W	TH	F S SUN
Vacuum/sweep					
Dust Furniture					
Clean Mirrors					
Wet Mop Floors					
Clean Kitchen					
Change Bed					
Prepare Lunch					
Prepare Dinner					
Companion/Sitter			Services Requested		
Supervision Of Client's Activities			Incidental Duties Including Housekeeping & Laundry		
Taking Client For Walk			Meal Preparation		
Medication Reminding			Write letters		
Shopping			Bill paying		
Other			Other		
Personal Care			Other		
Assisting with Bath			Sponge Bath		
Bed Bath					
Stand By For Safety			Shaving(face, legs...		
Brush Teeth			Clean Dentures		
Clean Hearing Aid(s)			Clean Nasal Cannula		
Nail Care(Filing)			Routine Skin Care		
Dressing			Wash Hands & Face		
Toileting-Toilet, Bedpan			Toilet Hygiene		
Assisting With Feminine Needs			Changing Diapers(i.e. Depends)		
Assistance With Eating & Drinking Utensils Devices			Supervision Encouragement		
Transferring			Positioning		
Assist With Wheel Chair, Cane			Assist With Exercising		
Take For Walk			Assistance With Therapy		

Services Requested		Services Requested	
	M T U W T H F S S U N		M T U W T H F S S U N
Medication Remind		Other	
Respite (List duties/tasks usually undertaken by caregiver & which are to be performed)			
NOTES:			

Signatures:

Client _____

Caregiver _____

Mail all task sheets to: 1394 E. Stoneybrook Drive, Douglasville, GA 30134

If you have any questions about a client, call that Regional Manager!

Jodi Bellam: 770-527-2788

Terry Smith: 678-830-8656

Sharon Mills: 470-439-4004

Scheduling: 678-628-6057