

West Virginia Bureau of Senior Services
Title III-B CHORE Plan of Care and Service Worksheet

PLAN OF CARE								
Service Recipient Name: _____								
Service Recipient Address: _____								
Date								
Day of the Week:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Comments
Hours Approved Daily:								
1. Yard Work								
2. Walkway/Driveway								
3. Moving Furniture								
4. Shampooing Rugs								
5. Other:								
6. Other:								
7. Other:								
8. Other:								
Total Minutes:								
Signature: _____ Date: _____								
SERVICE WORKER WORKSHEET								
Date:								
Day of the Week:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Comments
Beginning Time:								
Ending Time:								
1. Yard Work								
2. Walkway/Driveway								
3. Moving Furniture								
4. Shampooing Rugs								
5. Other:								
6. Other:								
7. Other:								
8. Other:								
Direct Care Worker must initial each task performed daily. Do not initial if task not completed.								
I have received the services as initialed above. _____ Service Recipient							Date: _____	
I have provided the services as initialed above. _____ Direct Care Service Worker							Date: _____	
I have reviewed this worksheet and verify that it is correct. _____							Date: _____	