

West Virginia Bureau of Senior Services
Title III-B Personal Care 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. Grooming								
2. Bathing								
3. Dressing								
4. Toileting								
5. Transferring								
6. Walking								
7. Turning/Repositioning								
8. Meal Preparation								
9. Feeding/Special Dietary Needs								
Total Minutes:								
RN Signature: _____, RN Date: _____								
SERVICE WORKER WORKSHEET								
Date:								
Day of the Week:	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Comments
Beginning Time:								
Ending Time:								
1. Grooming								
2. Bathing								
3. Dressing								
4. Toileting								
5. Transferring								
6. Walking								
7. Turning/Repositioning								
8. Meal Preparation								
9. Feeding/Special Dietary Needs								
Direct Care Worker must initial each task performed daily. Do not initial if task not completed.								
I have received the services as initialed above. <div style="text-align: right;">_____ Service Recipient</div>						Date: <div style="text-align: right;">_____</div>		
I have provided the services as initialed above. <div style="text-align: right;">_____ Direct Care Service Worker</div>						Date: <div style="text-align: right;">_____</div>		
I have reviewed this worksheet and verify that it is correct. <div style="text-align: right;">_____ RN</div>						Date: <div style="text-align: right;">_____</div>		