

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

PLAN OF CARE								
<b>Service Recipient Name:</b>								
<b>Service Recipient Address:</b>								
<b>Date</b>								
<b>Day of the Week:</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Comments</b>
<b>Hours Approved Daily:</b>								
1. Light Housekeeping								
2. Dishwashing								
3. Making/Changing Bed								
4. Service Recipient's Laundry								
5. Other:								
6. Other:								
7. Other:								
<b>Total Minutes:</b>								
<b>Signature:</b> _____						<b>Date:</b> _____		
<b>SERVICE WORKER WORKSHEET</b>								
<b>Date:</b>								
<b>Day of the Week:</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>	<b>Sun</b>	<b>Comments</b>
<b>Beginning Time:</b>								
<b>Ending Time:</b>								
1. Light Housekeeping								
2. Dishwashing								
3. Making/Changing Bed								
4. Service Recipient's Laundry								
5. Other:								
6. Other:								
7. Other:								
<b>Direct Care Worker must initial each task performed daily. Do not initial if task not completed.</b>								
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: _____		