West Virginia Bureau of Senior Services
Title III-B Homemaker 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. Light Housekeeping								
2. Dishwashing								
3. Making/Changing Bed								
4. Service Recipient's Laundry								
5. Other:								
6. Other:								
7. Other:								
Total Minutes:	0	0	0	0	0	0	0	
Signature: _____ **Date:** _____								

SERVICE WORKER WORKSHEET								
Date:								
Day of the Week:	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**	**Sun**	**Comments**
Beginning Time:								
Ending Time:								
1. Light Housekeeping								
2. Dishwashing								
3. Making/Changing Bed								
4. Service Recipient's Laundry								
5. Other:								
6. Other:								
7. Other:	0	0	0	0	0	0	0	
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: _____