LIGHTHOUSE PROGRAM
Direct Care Worker Service Log

Service Recipient Name								
Service Recipient Address								
Date								Comments
Day of Week	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
Beginning Time								
Ending Time								
Total Time								
PERSONAL CARE	**Daily Tasks Completed**							
A. Grooming								
B. Bathing								
C. Dressing								
D. Toileting								
MOBILITY	**Daily Tasks Completed**							
A. Transferring								
B. Walking								
C. Turning/Repositioning								
NUTRITIONAL SUPPORT	**Daily Tasks Completed**							
A. Meal Preparation								
B. Feeding/Special Dietary								
C. Grocery/Pharmacy								
ENVIRONMENTAL	**Daily Tasks Completed**							
A. Light Housecleaning								
B. Dishwashing								
C. Making/Changing Bed								
D. Service Recipient's Laundry								
TOTAL MINUTES								

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 Worker	Date
I have reviewed this worksheet and verify that it is correct. RN	Date