



GEE'S HOPE CARING AGENCY, LLC

A Licensed Home Care Provider

AIDE TASK SHEET

Client's Name: _____

Caregiver's Name: _____

| DATE | DAY | START TIME | END TIME | DAILY TOTAL | CAREGIVER INITIAL | CLIENT'S INITIAL |
|------|-----------|------------|----------|-------------|-------------------|------------------|
| | Sunday | | | | | |
| | Monday | | | | | |
| | Tuesday | | | | | |
| | Wednesday | | | | | |
| | Thursday | | | | | |
| | Friday | | | | | |
| | Saturday | | | | | |

TOTAL SERVICE HOURS: _____

| PERSONAL CARE | S | M | T | W | TH | F | S | HOUSEKEEPING | S | M | T | W | TH | F | S |
|-------------------------------------|---|---|---|---|----|---|---|-------------------------------------|---|---|---|---|----|---|---|
| Assist with Bath/Tub/Shower | | | | | | | | Vacuum | | | | | | | |
| Grooming/Shampooing Hair | | | | | | | | Sweep | | | | | | | |
| Oral Hygiene | | | | | | | | Dust | | | | | | | |
| Nail Filing | | | | | | | | Laundry | | | | | | | |
| Skin Care | | | | | | | | Clean Client Room | | | | | | | |
| Foot Care | | | | | | | | Client Bathroom | | | | | | | |
| Dressing | | | | | | | | Clean Kitchen | | | | | | | |
| Toileting | | | | | | | | Empty Trash | | | | | | | |
| Shaving | | | | | | | | Iron | | | | | | | |
| PROPER NUTRITION | | | | | | | | Change Linen | | | | | | | |
| Prepare/serve meal | | | | | | | | MEDICALLY RELATED TASKS | | | | | | | |
| Encourage proper nutrition/liquids | | | | | | | | Observe/report changes in condition | | | | | | | |
| Observation meal intake | | | | | | | | Pick up prescriptions | | | | | | | |
| ELIMINATION | | | | | | | | Medication reminder | | | | | | | |
| Incontinence care | | | | | | | | Watchful oversight and supervision | | | | | | | |
| Assist with and clean bedpan/urinal | | | | | | | | Accompany to Dr. appointment | | | | | | | |
| AMBULATION AND TRANSFERS | | | | | | | | VITAL SIGNS | | | | | | | |
| Assist with transfer/walking | | | | | | | | Temperature | | | | | | | |
| Transport client in wheelchair | | | | | | | | Blood Pressure | | | | | | | |
| Transposition client q2 hours | | | | | | | | Pulse | | | | | | | |
| HOME MANAGEMENT | | | | | | | | Respiration | | | | | | | |
| Shopping | | | | | | | | Blood Sugar | | | | | | | |
| Assist with paying bills | | | | | | | | OTHER: | | | | | | | |

Caregiver's Signature: _____ Client's Signature: _____ Date: _____

Supervisor's Signature: _____