SAMPLE SERVICES PLAN/IN HOME CARE WORKER

I Prefer These Activities, on These Days, During These Times: In box indicate time AM or PM and level of task Assist with Care (A) or Total Care (T)

Personal Care Activity	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Time Am/PM
Bath:								
Skin Care:								
Hair:								
Nails:								
Mouth Care:								
Dressing:								
Ambulation:								
Transfer:								
Toileting:								
Positioning: Turn Every_____Hr(s) Up in Chair _____								
Bed making:								
Assist with Medication: (Prompt only)								
Meals: B ☐ L ☐ D ☐ Snacks Diet: Special Directions:								
Laundry:								
Vacuum/Sweep:								
Mop:								
Dust:								
Straighten:								
Other Service(s)/Activities:								