



## Compassionate Care at Home Live In Charting

625 East Main Street, Ste 1, Branford, CT 06405

Phone: (203) 433-7014 Fax: (203) 208-2597

Client Name:	Caregiver Name:
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**Week Ending Date:** \_\_\_\_\_

	SAT	SUN	MON	TUES	WED	THURS	FRI
<b>DATES:</b>							

**\*\*\*\*USE ONLY FOR 24 HOUR OR MORE CASES (LIVE IN). COMPLETE THIS ACTIVITY SHEET DAILY ALONG WITH TIME SHEET. ACTIVITY AND TIMESHEET MUST BE FILLED OUT COMPLETELY\*\*\*\***

House Cleaning/ Vacuum/ Dust/ Mop							
Bathroom/Kitchen/							
Clean Appliances							
Laundry/ Change Linens/ Ironing							
Assist with Dressing    AM        PM							
Shopping/Errands							
Meal Preparation							
Assist with Communication							
Supervise Activities							
Escort to Appointments							
Reminder for Medications							
Bath/Shower							
Mouth care							
Incontinent Care							

**Notes:**

Client Signature \_\_\_\_\_ Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_