

Recipient Name: _____

Employee: _____

Week 1 of Paycycle		Mon (MM/DD/YY)	Tues (MM/DD/YY)	Wed (MM/DD/YY)	Thurs (MM/DD/YY)	Fri (MM/DD/YY)	Sat (MM/DD/YY)	Sun (MM/DD/YY)
Date								
Visit 1	In	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
	Out	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Visit 2	In	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
	Out	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Daily Total								
Weekly Total		*Initial the task that you completed/assisted with*						

Self Care/Hygiene							
Meal Prep							
Safety Skills							
Health Related							
Other (goal, etc.)							
Date & Notate Activity:							

Week 2 of Paycycle		Mon (MM/DD/YY)	Tues (MM/DD/YY)	Wed (MM/DD/YY)	Thurs (MM/DD/YY)	Fri (MM/DD/YY)	Sat (MM/DD/YY)	Sun (MM/DD/YY)
Date								
Visit 1	In	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
	Out	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Visit 2	In	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
	Out	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm	am/pm
Daily Total								
Weekly Total		*Initial the task that you completed/assisted with*						

Self Care/Hygiene							
Meal Prep							
Safety Skills							
Health Related							
Other (goal, etc.)							
Date & Notate Activity:							
Incidents/Accidents? Medical Emergencies?							
Emergency Use of Controlled Procedure?							

Overall Total

CERTIFICATION: This is to certify that all information on this form is true, accurate, and complete.

Employee Signature: _____

Date: _____

 Office Address:
 475 Etna St. Suite #3
 St. Paul, MN 55106