



Nurse Signature _____
Review date _____

Name: _____

Client name: _____

Date of Week _____

Medicaid Task Sheet Year 2022

Time in:	Time out:	Client Signature:	Reason aide left early:
Time in:	Time out:	Client Signature:	Reason aide left early:
Time in:	Time out:	Client Signature:	Reason aide left early:
Time in:	Time out:	Client Signature:	Reason aide left early:
Time in:	Time out:	Client Signature:	Reason aide left early:
Time in:	Time out:	Client Signature:	Reason aide left early:
Time in:	Time out:	Client Signature:	Reason aide left early:

PERSONAL CARE I Services	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Maintain Kitchen							
Sinks/Dishes							
Surfaces							
Floors							
Maintain Bathrooms							
Toilets							
Showers/Tubs							
Sinks/Surfaces							
Floors							
Maintain Bedrooms							
Make/Change Beds							
Floors							
Client Laundry							
Clothing							
Bedding/Linens							
Meal Planning							
Menu Planning							
Grocery Shopping							
Prepare and Serve Meals							
Breakfast							
Lunch							
Dinner							
Snacks							
Monitor Diet							
Encourage Meal							
Escort to appointment							
Medical							
Social							

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Personal Care II Services							
Ambulation Assistance							
Standby Assist							
Transferring Assistance							
Sit/Stand							
Bed/Wheelchair							
To bed							
Bathing Assistance							
Standby							
Transfer In/Out							
Washing Assist							
Bed bath							
Toileting Assistance							
Transfer Down/Up							
Perineal Care							
Empty Commode/Urinal							
Empty Foley							
Incontinence Assistance							
Change Wet/Soiled Briefs							
Related Housecleaning/Laundry							
Foley Care (clean site)							
Dressing Assistance							
Underwear							
Skirts/Trousers							
Blouses/Shirts							
Socks/Shoes							
Grooming Assistance							
Hair							
Shaving							
Oral Care							
Denture Cleaning							
Skin Care							
Lotion							
Ointments/Powders							
Turning Every 2 Hours							
Feeding Assistance							
Minor Assist							
Full Assist							
Exercise Assistance							
Range of Motion							
Encourage PT-Directed Exercises							
Encourage Walking							
Medication Plan							
Self-Admin w/Reminder							
Universal Infection Control Precautions							
Washed Hands							
Used Gloves							