

Office Use Only:
#:
SS Medicaid#:



Provider ID# 692710696/023105000

Independence is Our Goal

Central Care Services Home Health Aide Visit

Service: **Personal Care Respite Homemaker Companion**

Home Health Aide Visit

Consumer's name: _____ **Service Provider:** _____

*I recognize the rights of Central Care Services, Inc. as the authorized provider and I certify that the hours shown below are correct and that the service provider performed satisfactorily.

Day	Date	Time In	Time Out	Total	Client's or Guardian's Signature
Monday		AM PM	AM PM		
Tuesday		AM PM	AM PM		
Wednesday		AM PM	AM PM		
Thursday		AM PM	AM PM		
Friday		AM PM	AM PM		
Saturday		AM PM	AM PM		
Sunday		AM PM	AM PM		

Total Worked _____

**I certify that the hours shown above accurately represent my total hours worked, and that they were properly verified by the client or an authorized representative. I also certify that if I misrepresent my hours Central Care Services, Inc is therefore is entitled to recoup my compensation.

Service Provider's Signature

Date

***Service Logs must be accompanied by all required case notes & documentation. Service logs **will not** be processed without adequate case notes. Please have all completed service logs turn-in by **Monday** after each week of service.

Central Care Services, Inc.
2001 Palm Beach Lakes Blvd, Ste 300-D. West Palm Beach, FL 33409
PH: 561-337-4338 Fax: 561-337-9025
E-MAIL: centralcareservices@yahoo.com



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Nutrition		
	Check	Circle one
Regular Diet		
Special Diet		Diabetic Low Fat Low Salt Bland Other
Force Fluid		
Limit Fluid		
Prepare Meal		
Other:		
Activity		
	Check	Circle one
Wheel Chair		Most Day Short periods
Bed/ChairBound		
Cane/Crutch		
Walker		
Bed Rest		
Assist w/transfer		
Assist w/ambulation		Walks Unassisted
ROM exercises		

Elimination		
	Check	Circle one
Bladder		Continent Incontinent Assist to toilet Adult Diapers
Bowels		Regular Incontinent

Personal Care		
	Check	Circle one
Shower		
Tub Bath		
Sponge Bath		
Oral Hygiene		Dentures Own Teeth
Hair Care		Shampoo Brush
Nail Care		
Assist w/ Dressing		
Skin care		
Shave		

Other		
	Check	Circle one
Change Linen		
Make Bed		
Laundry		
Shopping		
Take out Trash		
Straighten Room		

Mental Status		
	Check	Circle one
Oriented		
Forgetful		
Confused		
Depression		Dentures Own Teeth
Agitated		Shampoo Brush

Comments: _____
