

**PARTICIPANT CARE PLAN DAILY LOG**

The following services have been provided for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Meal Preparation \_\_Homemaking \_\_Bed Mobility

\_\_\_Shopping \_\_Personal Hygiene \_\_Transferring

\_\_\_Laundry \_\_Bathing \_\_Home Locomotion

\_\_Household Cleaning \_\_Dressing \_\_Toilet Use

\_\_Participate in Activities \_\_Eating

\_\_Non-Medical Transportation \_\_Medication Cueing

\_\_Attend Medical Appt

**ADDITIONAL DESCRIPTION OF CARE DUTIES PERFORMED TODAY:**

**Time In: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**