

Client Monthly Task List for Stay Home Companions

Client: _____ Month: _____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time Arrived																															
Bathing																															
Hair: Shampoo comb/brush																															
Hygiene Care																															
Assist dressing undressing's																															
Toileting																															
Transfer & Ambulation																															
Companionship																															
Safe environment																															
Medication Reminder																															
Meals: breakfast, lunch, dinner																															
Make bed change linens																															
Transportation/Errands																															
Laundry																															
Take out trash																															
Bathroom clean toilet tub sink																															
Kitchen dishes stove sink counters																															
Dust Sweep Vacuum																															
Bring Mail in Mileage																															
Time Departed																															

Please check each task performed on a daily basis. Only mark the task you have performed specific to this client.

Client Signature _____ Provider Signature _____ Date _____

Client Signature _____ Provider Signature _____ Date _____

Please sign and have client sign at end of month unless you are just filling in then sign at end of assignment. Thank You!!!!