

PASSPORT Program Task Detail Sheet for Participant-Directed Services (C-HCAS/CD-PCS)

Employer:

Employee:

FOR THE PAY PERIOD OF:	Date	Date	Date	Date	Date	Date	Date
TASK:	Check if done:	Check if done:	Check if done:	Check if done:	Check if done:	Check if done:	Check if done:
Bathing							
Dressing							
Hygiene (skin; hair; nail; mouth; shaving)							
Elimination (toileting; emptying commode; empty catheter bag; incontinent/diapers)							
Transfers (turning in bed; positioning in chair); Assistance w/ambulation							
Meal Preparation							
Feeding							
Daily Homemaking (dishes; trash; bed making)							
General Cleaning (dusting; mopping/sweeping/vacuuming; kitchen cleaning; bathroom cleaning; linen change)							
Laundry							
Shopping/Errands; Accompanying to appointments							
Transporting to community locations							
Respite:							
Other:							
Other:							
Employer Initials (daily)							

Notes:

SUN _____
 MON _____
 TUE _____
 WED _____
 TH _____
 FRI _____
 SAT _____

Employee Signature*

Employer Signature*

Instructions: The employee must use the Task Detail Sheet each day to document which tasks they completed on the days that they worked, and the Participant/Employer confirms this by initialing the task list daily. Multiple shifts do not need to be documented separately, but should be reflected in the notes and will continue to be reflected on the timesheet. The Participant/Employer must keep this sheet for the PAA Case Manager to review. A copy should be given to the employee for their records. Additional forms can be downloaded from the Financial Management Services vendor's website or mailed to you. ***Complete one worksheet per employee.**