









# Assessment Form

## COMPANION / SITTER

<b>Companionship/Supervision &amp; Overseeing of Client's Activities</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Incidental Tasks, including House-keeping &amp; Laundry</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Transportation &amp; Escort</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Taking Client for Walk</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Socialization Activities</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Meal Preparation, Serving &amp; Clean-up</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Medication Reminding</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Assistance with Correspondence</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Shopping</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Bill Paying</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Other</b> <input type="text"/>					

## PERSONAL CARE

<b>Assisting with Bath/Shower</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Sponge bath</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Bed Bath</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Wash Hair</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Stand by for safety</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Shaving (face, legs, underarms)</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Brush teeth</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Clean dentures</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Clean hearing aid(s)</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Clean nasal cannula</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Nail care (filing)</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Routine skin care</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Dressing/undressing</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Wash hands/face</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Toileting – toilet, commode, bedpan</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Assist with eating/drinking utensils, adaptive devices</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Assist with feminine hygiene</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Toilet hygiene</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Changing diapers (i.e. Depends)</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Supervision/encouragement</b>	Per Visit	On Request	Daily	Weekly	Other

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<b>Transferring</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Positioning</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Assist with walking/wheel chair, cane</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Supervision/assistance with therapy</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Take client for walk</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Assist with exercising</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Medication reminding</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Take vital signs</b>	Per Visit	On Request	Daily	Weekly	Other
<b>Other</b>	<input type="text"/>				

## MISCELLANEOUS

<b>Services Requested</b>	Grocery shopping	Special requests/needs	Appointments
<b>Miscellaneous</b>	Errands (pick up mail, prescriptions, etc.)	Pay bills	

### Services Requested - Respite

### Services Requested Chores – Intermittent

Please list any respite tasks needed. Indicate the frequency (daily/weekly).

### Medication/Notes/Comments

Please list and other chores and indicate the frequency (daily/weekly).

### The following information has been provided to and/or discussed with the Client:

Client Services Plan	Client Services Contract
Contact Information	Other

## SIGNATURES

**Client Consent**

**Date**

By typing your name you are hereby: consenting to receive the services described in this Client Services Plan. I understand that my service requests/needs will be reviewed by Agency as required and that the service(s) may be changed according to my needs or wishes.