

DSW: _____ Participant: _____	PCS PCS for Day ECS Respite
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Pay-Period:	[_____] to [_____]																	
Year 20 _____	Mos/Da	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	Mos/Day	
Month & Day	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Time In																		
Time Out																		
Time In																		
Time Out																		
Time In																		
Time Out																		
11 Bathing																		
12 Dressing																		
13-17 Grooming																		
18 Prosthetic/Orthotic																		
19 Toileting																		
20 Transfer																		
21 Walking/Mobility																		
22 Wheelchair Maneuvering																		
23 Eating																		
24 Meal (Plan, Prep, Clean Up)																		
25 Shopping/Errands																		
26 Medication Admin																		
27 Transportation																		
28 Use of Telephone																		
29 Laundry																		
30 Housekeeping																		
31 Minor Sewing/Mending																		
32 Other Health Maint																		
34 Community Assist																		
35 Supervision																		
38 Money Management																		
39 Teaching Opportunities																		
40 Leisure/Recreation																		
DSW Initials																		
Total Hours/Day																		

Comments:

By signing, the Direct Support Worker & Representative Managing Employer acknowledge that the DSW has worked the above logged dates and times & that the Participant was NOT in a hospital, day program, school, work or any other facility during any of the of the above dates.

DSW _____ Date _____

Representative Managing Employer _____ Date _____