

## PERSONAL CARE WEEKLY SUMMARY REPORT

Consumer's Name: \_\_\_\_\_

**DIRECTIONS** – Indicate in the boxes below the areas in which personal care supports are provided each day, by week. Include the “Intensity” (number of times per day) the support is provided. Personal Care Assistant (PCA) will sign progress weekly and monthly; the consumer will provide their signature monthly.

		Date	Meal Assistance	Dressing/ Hygiene	Assistance in Restroom	Mobility	Transfer	Assist w/ Med Admin	Admin Meds
Week of:									
	Mon								
	Tue								
	Wed								
	Thu								
	Fri								
<b>Staff signature:</b>									
Week of:									
	Mon								
	Tue								
	Wed								
	Thu								
	Fri								
<b>Staff signature:</b>									
Week of:									
	Mon								
	Tue								
	Wed								
	Thu								
	Fri								
<b>Staff signature:</b>									
Week of:									
	Mon								
	Tue								
	Wed								
	Thu								
	Fri								
<b>Staff signature:</b>									

**PERSONAL CARE WEEKLY SUMMARY REPORT**

Please note any personal care services provided which are not identified in the individual's PCA Support Plan. Indicate when and why these supports were necessary and whether or not they will be ongoing.

---

---

---

---

---

**Monthly Signatures:**

---

Consumer Signature Date

---

Personal Care Assistant Signature Date