ENT OF HEALTH COMMUNITY CHOICES WAIVER (CCW) PERSONAL ASSISTANCE SERVICES (PAS) LOG

PROVIDER'S NAME:			DIRECT SERVICE WORKER'S NAME (PRINT):					
PARTICIPANT'S NAME:	PARTICIPANT'S DOB:							
Week Of: Thro	ough:							
Day Of Week:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Date→								
Tasks:	Indicate Tasks Completed Each Day by Signing with Worker's Initials.							
Eating								
Bathing								
Dressing								
Grooming								
Transferring								
Ambulation								
Toileting								
Light Housekeeping								
Food Preparation & Storage								
Shopping								
Laundry								
Medication Reminders								
Assist To Scheduled Medical Appointment								
Assist To Arrange Medical Transportation								
Accompany To Medical Appointments								
Protective Supervision								
Supervision/Assistance with Health Tasks								
Escort for Assistance with Community Tasks								
Extension of Therapy Services								

DIRECT SERVICE WORKER'S SIGNATURE:

OUISIANA

NOTE: TIMES OF SERVICE DELIVERY, AS WELL AS LOCATION AT TIME OF CHECK IN/OUT, ARE DOCUMENTED THROUGH THE ELECTRONIC VISIT VERIFICATION (EVV) SYSTEM.

DATE:



TMENT OF HEALTH COMMUNITY CHOICES WAIVER (CCW) PERSONAL ASSISTANCE SERVICES (PAS) LOG

NOTE: THIS PAGE IS TO BE DUPLICATED AS NEEDED TO COMPLETE PROGRESS NOTE DOCUMENTATION

PROVIDER'S NAME:						
DIRECT SERVICE WORKER'S N	AME (PRINT):					
PARTICIPANT'S NAME:				PARTICIPANT'S DOB:		
	WEEK	OF:	THROUGH:			
DATE:		in physical and mental condit ation for the next worker or ca				
PARTICIPANT/RESPONSIBL	E REPRESENTATIVE/LEGAL I	REPRESENTATIVE'S INITIALS: _		DATE:		
DIRECT SERVICE WORKER'S	S INITIALS:	DATE:			Page of	
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