



**ATTENDANT CARE (ANC) SERVICE DOCUMENTATION**

**Client:** \_\_\_\_\_

**Month:** \_\_\_\_\_

**Provider:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Support Coordinator:** \_\_\_\_\_

Personal Care Areas	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Meal Prep and Clean Up - Breakfast																																
Meal Prep and Clean Up - Lunch																																
Meal Prep and Clean Up - Dinner																																
Meal Prep and Clean Up - Snack																																
Eating and Assistance with Eating																																
Bathing (Transfer included in bathing time)																																
Dressing and Grooming																																
Toileting (Transfer included in toileting)																																
Mobility (Wheelchair, walker, cane assistance)																																
Transferring (Between bed, chair, wheelchair, toilet etc...)																																
Cleaning/Housekeeping																																
Laundry																																
Shopping																																
Other (Please Specify):																																
Other (Please Specify):																																

\_\_\_\_\_  
 Provider Signature                      Date

\_\_\_\_\_  
 Parent Signature                      Date