West Virginia Aged and Disabled Waiver Program
PERSONAL ATTENDANT LOG

ADW Participant’s First and Last Name: ____________________________

Time Arrived: ____________________________

Time Left: ____________________________

Total Hours: ____________________________

PA Initial (1 staff per recipient):

Participant’s Initial:

DESCRIPTION OF SERVICES – RN or RC Describe activities, circle type of assist, list days of week. PA – Initial on day activity provided.

- Bath: S P T
- Skin Care: S P T
- Hair: S P T
- Nails: S P T
- Mouth Care: S P T
- Dressing: S P T
- Ambulation: S P T
- Transfer: S P T
- Toileting: S P T
- Positioning: Turn every __ hours Up in chair
- Medication Prompt:

Meals: Diet/Special Directions: B L D Snack

Laundry:

Vacuum/sweep:

PM UPDATE
Date Updated by RN/RC: ____________________________
CM/RC Receipt Date: ____________________________
CM/RC Initials: ____________________________

Service Level/Hours:

Change in hours, days or activities? YES or NO

Service Time In:

Service Time Out:

3/3/2016
Essential Errands (include purpose, destination, frequency and day of week):

Community Activities: (include purpose, destination, frequency and day of week):

Other:

Special Instructions for Transportation:

<table>
<thead>
<tr>
<th>Date/Start Stop Time **</th>
<th>Total Miles Traveled</th>
<th>How much time did you spend driving? **</th>
<th>Destination and Purpose of Travel **</th>
<th>Essential Errand Time Spent **</th>
<th>Community Activities Time Spent</th>
<th>Was Person with You? **</th>
<th>ADW Person Initials **</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have reviewed this PA Service Log and to the best of my knowledge, the reported information is complete and accurate. No RN for Personal Options.

RN Printed Name: _______________________________________

RN Signature: __________________________________________ Date: ____________

Comments: (if needed, attach additional documentation)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

PAL Updates: Changes in days, times, activities: Date: ____________ RN Initials: ____________________

RN/RC spoke to person by phone ___ or Face to Face ___ regarding changes

By signing, I certify that the reported information is complete and accurate. I understand that payment for the services certified on this form will be from federal and state funds, and that any false claims, statements, or documents or concealment of material fact, may be prosecuted under Medicaid fraud.

Participant/Legal Representative Signature: ________________________________________ Date: ____________

(or Program Representative for Personal Options)

Personal Attendant Printed Name: _______________________________________________________

Personal Attendant Signature: ____________________________________________ Date: ____________

Unless prior approved, services must follow Plan. For Personal Options, follow the person’s budget.

Must send updated PAL to CM or RC

Date | Wellness Scale | Comments | Date | Wellness Scale | Comments | Date | Wellness Scale | Comments |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Wellness Scale 1-10 (1=poor; 10 =great)  3/3/2016