

ADW Participant's First and Last Name: _____ RN/RC Signature: _____ Date: _____ RN Time In: _____ RN Time Out: _____ Hours/Day: _____ Days/Week: _____	PA Agency or Personal Options: Plan Period: _____ Service Level/Hours: _____ Change in hours, frequency, or activities? YES or NO	PAL UPDATE Date Updated by RN/RC: _____ CM/RC Receipt Date: _____ CM/RC Initials: _____ Service Time In: _____ Service Time Out: _____
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West Virginia Aged and Disabled Waiver Program PERSONAL ATTENDANT LOG

Month/Year:.....Date:	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
Time Arrived:																															
Time Left:																															
Total Hours:																															
Participant's Initial:																															
DESCRIPTION OF SERVICES – RN or RC: <i>Describe activities, circle type of assist, PA: Mark an "X" on day activity was provided.</i>																															
<u>Describe Activities</u> S = Supervised; P = Partial/Physical; T = Total/Physical	Frequency																														
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:																															
Mop:																															
Dust:																															

