 **Task List and Service Authorization**

**Consumer Information**

Name:       Assessment Date:

Address:       Service Review Date:

City and State:       Worker Name:

Zip code:       Worker Phone:

Prime:

**Provider Information**

Name:       Provider #:

**Hours Authorized per Service Period Service Dates:** Click here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Units** |  |  |
| Activity of Daily Living: |  |  |  |
| I/ADL: |  |  |  |
| Service Mileage: |  |  |  |
|  |  |  |  |
|  | | | |
| **Task(s) to be Completed** | | | |
| **Ambulation**  Physically assist consumer to move inside  Physically assist consumer to move outside  Assisting the consumer confined to bed | | **Transfers**  Physically repositioning the consumer inside the home  Physically transferring the consumer to bed, chair(s) or wheelchair(s)  Physically transferring the consumer from bed, chair(s) or wheelchair(s) | |
| **Eating**  Assistance setting up tube feeding  Physically feeding the consumer  Within sight ***and*** immediately available to physically clear the airway  Cueing the consumer in order to complete the activity of Eating  Physically assist the consumer with special utensils | | **Bladder**  Physically assist the consumer with catheter care  Physically assist the consumer with ostomy care | |

|  |  |
| --- | --- |
| **Bowel**  Physically assist the consumer with digital stimulation  Physically assist the consumer with suppository insertion  Physically assist the consumer with enemas | **Toileting**  Physically assist the consumer to cleanse after toileting  Physically assist the consumer to change soiled incontinence supplies or soiled clothing  Physically taking off and/or putting on clothing before and after toileting  Cue the consumer to prevent accidents |
| **Self-Preservation**  Assist the consumer to manage common tasks, use appliances, take meds and/or otherwise understand basic needs  Assisting the consumer to understand potential consequences of their actions | **Decision Making**  Assisting the consumer to make decisions and understand the consequences of those decisions  Assist the consumer through prompts to complete tasks that comprise ADL’s and IADL’s |
| **Ability to Make Self Understood**  Assisting the consumer through prompts to complete tasks that comprise activities of daily living and instrumental activities of daily living | **Challenging Behaviors**  Assisting the consumer to mitigate, manage or behaviors that cause distress to themselves or others  Redirecting the consumer from behaviors that cause distress to themselves or others |
| **Bathing**  Assisting the consumer to wash their body  Assisting the consumer to wash their hair  Assisting the consumer to get in and/or out of the shower/tub | **Personal Hygiene**  Assist the consumer to shave  Assist the consumer to clean their mouth and/or dentures  Assist the consumer with menstruation care |
| **Dressing**  Assist the consumer to put on clothing, or shoes and socks  Assist the consumer to take off clothing, or shoes and socks | **Grooming**  Assist the consumer to care for their nails  Assist the consumer to care for their hair (brushing, combing, braiding, etc.) |
| **Housekeeping**  Wiping surfaces  Dusting  Cleaning floors  Cleaning dishes  Making the bed  Cleaning bathroom  Taking out the garbage  Maintaining assistive devices | **Laundry**  Gather and wash soiled used and linens  Use washing machines and driers  Hang, fold and/or put away clothing and linens |
| **Meal Preparation**  Cutting food  Placing food/utensils within reach  Breakfast  Lunch  Dinner | **Medication / Oxygen Management**  Giving medicines  Giving oxygen  Reminding or organizing medication(s)  Check for effect of medication(s)  Assure adequate oxygen supply |
| **Shopping**  Drive to/from the store  Assist the consumer with purchasing:  Food  Clothing  Other  ***Note:*** Medical Transportation not included. | **Transportation**  Assisting the consumer during a rider  Assistance arranging a ride  Assistance getting in/out of a vehicle |

**Remarks/Special Instructions**

Tasks and hours authorized on this task list are for the benefit of the consumer only, and do not include care for others in the household. This includes but is not limited to; childcare, pet care, and care for other individuals in the household.

**Required Signatures**

Consumer/Representative Signature Date

Provider Signature Date

Worker Signature Date

**Remarks/Special Instructions**

Tasks and hours authorized on this task list are for the benefit of the consumer only, and do not include care for others in the household. This includes but is not limited to; childcare, pet care, and care for other individuals in the household.

**Required Signatures**

Consumer/Representative Signature Date

Provider Signature Date

Worker Signature Date

Click here to enter text. SDS598N