 **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