

Community Connections

Older Alaskans and Adult Resource Services

Chore Service Note

Person receiving chore services: _____ Month & Year: _____

Name of Employee: _____ Signature _____

Daily Documentation of Chore Services Provided

DATE:	Time In	Time Out	Total Hrs

Check the areas where assistance was provided: Meal Preparation Cleaning Kitchen Washing Dishes
 Cooking Change Linens Vacuuming Mopping Sweeping Cleaning Bathroom Cleaning Walls
 Cleaning Windows Dusting Personal Laundry Shopping Assistance Approved Transportation

Briefly describe additional chores provided.

Daily Documentation of Chore Services Provided

DATE:	Time In	Time Out	Total Hrs

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 Cooking Change Linens Vacuuming Mopping Sweeping Cleaning Bathroom Cleaning Walls
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 Cooking Change Linens Vacuuming Mopping Sweeping Cleaning Bathroom Cleaning Walls
 Cleaning Windows Pet care Plant care Dusting Personal Laundry Shopping Assistance

Briefly describe additional chores provided.