



Chore Service Note

Community Connections
Older Alaskans and Adult Resource Services

Employee Name _____

Employee Signature _____

Name of Person Receiving Services

Month & Year _____

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

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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.

Number Chore Hours Provided _____ x 4 = _____ Units Billed This Page