

## Community Connections, O.A.R.S. Program Consumer Directed Personal Care Program

Customer Name \_\_\_\_\_

Pay Period \_\_\_\_\_

Employee Name \_\_\_\_\_

Plan Year \_\_\_\_\_

<b>Case Notes about customer and customer's care as required by State Regulations</b>
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		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Response to care:	Favorable							
	Unfavorable							
Notes:								
Physical Condition:	Unchanged							
	Improved							
	Declined							
Notes:								
Mood:	Unchanged							
	Improved							
	Worsened							
Notes:								
Confusion:	N/A							
	Unchanged							
	Improved							
	Worsened							
Notes:								

Safety/Welfare still ok for this week? Y / N If worried about customer's safety-welfare, please explain:

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Employee - by signing below, I certify that I have worked the hours and completed the tasks marked.

Customer - By signing below, I certify that the employee has worked the hours and completed the tasks marked.

\_\_\_\_\_  
Employee Signature                      Date

\_\_\_\_\_  
Customer Signature                      Date