

Month: _____ Year: _____

**West Virginia Medicaid Aged and Disabled Waiver Program
HOMEMAKER WORKSHEET**

Member Name: _____

HMWS Plan Period: _____

Medicaid Number: _____

Level of Care Rating: _____

Date															
Day of the Week	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	
Time Approved - Daily															
Time Arrived															
Time Left															
Total Hours															
Member's Initials															

DESCRIPTION OF SERVICE - CIRCLE LEVEL OF ASSISTANCE (Circle only one)

Description of Service / Care Circle Level of Assistance	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa
Bath: Sponge / Tub / Shower / Total Care / Assist / Supervise / Independent														
Skin Care : Lotion / Shaving / Catheter Care														
Hair: Total Care / Assist / Supervise / Independent														
Nails: Trim / File <i>DO NOT TRIM NAILS OF DIABETICS</i>														
Mouth Care: Dentures / Own Teeth / Oral Care / Total Care / Assist / Supervise / Independent														
Dressing: Total Care / Assist / Supervise / Independent														
Ambulation: Walk / Cane / Walker / Wheelchair / Total / Assist / Supervise / Independent														
Transfer: Total Care / Assist / Supervise / Independent														
Toileting: Bathroom / Bedpan / Bedside Commode / Incontinent / Empty Catheter Bag / Empty Ostomy Appliance / Total Care / Assist / Supervise / Independent														
Positioning: Turn Every ____ hrs / Up in Chair														
Bedmaking: Hospital Bed / Regular Bed														
Special Directions: Unsterile Dressings / Elevate Feet / Other:														
Assist with Medication: Assist / Prompt / Independent														
Meals: Diet Breakfast / Lunch / Dinner / Snack														
Essential Errands: 1X wk / PRN X 1 2 3 (grocery, pharmacy, medical appointments)														
Laundry: Landromat / In-Home / Apt. Complex														
Transportation:														
Community Activities: (not to exceed 20 hours per month)														

Date															
Day of the Week	Su	Mo	Tu	We	Th	Fr	Sa	Su	Mo	Tu	We	Th	Fr	Sa	
Environmental	Homemakers are to clean the member's living areas only. The Homemaker is not to clean areas that the member does not use, or clean after the member's family members.														
Vacuum / Sweep															
Mop															
Dust															
Straighten															
Other: _____															

TREATMENTS PER PHYSICIAN'S ORDER

Temperature															
Pulse															
Respiration															
Blood Pressure															
Range of Motion															
Other:															

Date	Mileage	Destination	Time
* must be initialed in essential errands, transportation, and community activity blocks on page 1.			

Certification That the Reported Information
is Complete and Accurate

Member: _____

Date: _____

Homemaker: _____

Date: _____

RN: _____

POC COMPLIANCE CERTIFIED NURSE

Date: _____

Comments: _____
