IHSS Task Grid - Meals and Cleaning

| Provider Name: | | Month: | Total | al Authorized Hours for Month: | | | | | | |
|--------------------------|-----------------------------------|--------|-------|--------------------------------|--|--|--|--|--|--|
| Day of the week: | | | | | | | | | | |
| Date: | | | | | | | | | | |
| Hours scheduled for day: | | | | | | | | | | |
| Meals | Meal preparation | | | | | | | | | |
| | Help with eating | | | | | | | | | |
| | Wash dishes and clean up kitchen | | | | | | | | | |
| | Menu planning/shopping list | | | | | | | | | |
| | Shopping for food | | | | | | | | | |
| Cleaning | Empty trash | | | | | | | | | |
| | Clean kitchen surfaces/appliances | | | | | | | | | |
| | Throw out spoiled food | | | | | | | | | |
| | Make bed | | | | | | | | | |
| | Change linen | | | | | | | | | |
| | Clutter management/tidy up | | | | | | | | | |
| | Dust | | | | | | | | | |
| | Clean bathroom | | | | | | | | | |
| | Sweep/vacuum | | | | | | | | | |
| | Мор | | | | | | | | | |
| | Laundry/ironing | | | | | | | | | |

IHSS Task Grid - Personal Care and Other Services

| | | | Month: | | | | | | | | | | |
|---------------------------|--------------------------------|---|--------|--|--|--|--|--|--|--|--|--|--|
| Day of the week: Date: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Personal Care | Help with medication | | | | | | | | | | | | |
| | Bathing/bed bath | | | | | | | | | | | | |
| | Oral hygiene/grooming | | | | | | | | | | | | |
| | Dressing | | | | | | | | | | | | |
| | Bowel/bladder | | | | | | | | | | | | |
| | Menstrual care | | | | | | | | | | | | |
| | Shift body position | | | | | | | | | | | | |
| | Rub skin/massage | | | | | | | | | | | | |
| | Lift/transfer | | | | | | | | | | | | |
| | Help with walking | | | | | | | | | | | | |
| | Help with prescribed exercises | | | | | | | | | | | | |
| | Help with breathing equipment | | | | | | | | | | | | |
| Other | Medical appointments | | | | | | | | | | | | |
| | Other shopping and errands | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Total Hours Worked | | | | | | | | | | | | | |
| Provider Initials | | | | | | | | | | | | | |
| Consumer Initials | | _ | | | | | | | | | | | |