

DREAM HOME CARE LLC


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POC Sheet Dream Home Care LLC

Duty #	Duty Completed		Duty #	Duty Completed	
115	Meal Preparation		131	Bowel Incontinence	
116	Housework/Chore		132	Personal Care	
117	Managing Finances		134	Bathing	
118	Managing Medications		137	Lotion/Ointment	
119	Shopping		138	Laundry	
120	Transportation		139	Reading/Writing	
122	Hygiene		140	Supervision/Coaching/Cuing	
123	Dressing Upper		141	Incontinence Care	
124	Dressing Lower		142	Catheter Care	
125	Locomotion		143	Wound Care	
126	Transfer		144	G-Tube Feeding	
127	Toilet Use		201	In Person Support	
128	Bed Mobility		202	Support Via Telephone	
129	Eating		203	Other	
130	Bladder Incontinence		204	Hair Care	

Date of Service: _____ **Schedule time:** _____

Missed Clock in _____ **Missed Clock out** _____ **Both** _____

Reason: _____

Consumer Name: _____

Consumer Signature: _____ **Date:** _____

Note: Form must be fully completed and submitted immediately after the error occurred. I (Employee) Understand that this program is funded by state and federal fund, and I certify that the signature above indicate that this time adjustment request form is true and accurate representation of service provided to consumer. I understand that I'm solely responsible for any falsification which could be prosecuted as per state and federal regulations.

Employee Name: _____

Employee Signature: _____ **Date:** _____

Office Use Only

Authorized By: _____

Title: _____ **Date:** _____