

In Home Care Service Guide:

Answer the following questions making notes to assist you as you determine your need for services.

1. When do I need a service?

Morning Afternoon Evening Week day: M T W Th F Weekends: Sat Sun
(Circle days needed)

2. How much service do I need?

Short Term Long Term Temporary Permanent Not sure

3. What type of Services do I need?

Determine what types of services you or your loved one need that cannot be met by you or other family members or friends, and how often you need the service

	I Need	Which days M, T, W, TH, F, S, SN	Programs that may meet the needs (descriptions above):
Help preparing meals			2,3,4
Light housekeeping			2,3,4
Help with laundry			2,3,4
Errands, shopping			2,3,4
Help with personal care - bathing, dressing, grooming, toileting			2,3,4,5
Respite Care			1A,1B
Assistance with walking, transferring, wheelchair, lift chair			2,3,4,5
Positioning in bed			2,3,4
Incontinent care for bowels or bladder			2,3,4
Alzheimer's/dementia care			1A,1B,2,3,4
In-home skilled nursing care, physical therapy, occupational therapy, speech therapy			5
Transportation to appointments, pharmacy, grocery store, senior center			7C
Help with heavy housecleaning and/or yard work			7A
Companion services			7B
Congregate meals			6A
Home-delivered meals			6B