

ARION CARE SOLUTIONS, LLC ATTENDANT CARE (ANC/AFC) SERVICE DOCUMENTATION

Person Served: _____

Provider Name: _____

Support Coordinator: _____

Month: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Bathing																																
Toileting																																
Transferring																																
Dressing																																
Feeding																																
Laundry																																
Dusting																																
Cooking																																
Shopping																																
Vacuuming																																
Mopping																																
Brush Teeth																																
Turning																																
Hair Combed																																

Comments:

Provider's Signature: _____ **Date:** _____