

**HEAVEN SENT HELPERS
Client Service Plan Details**

Services Requested	√	Duration (15, 30, or 45 minutes or 1,2, or 3 hrs etc.)	Frequency (per visit, per request, daily, weekly, etc.)	Services Requested	√	Duration (15, 30, or 45 minutes or 1,2, or 3 hrs etc.)	Frequency (per visit, per request, daily, weekly, etc.)
Companion/Sitter							
Companionship/ Supervision & Overseeing Of Client's Activities				Incidental Duties Including Housekeeping & Laundry			
Transportation & Escort				Socialization Activities			
Taking Client For Walk				Meal Preparation, Serving & Clean Up			
Medication Reminding				Assistance with Correspondence			
Shopping				Bill paying			
Other				Other			
Personal Care							
Assisting with Tub Bath/Shower				Sponge Bath			
Bed Bath				Wash Hair			
Stand By For Safety				Shaving(face,legs,underar ms)			
Brush Teeth				Clean Dentures			
Clean Hearing Aid(s)				Clean Nasal Cannula			
Dressing/Undressing				Wash Hands & Face			
Toileting-Toilet, Commode, Bedpan				Toilet Hygiene			
Assisting With Feminine Hygiene Needs-Diaper Change, Pad Change				Changing Diapers(i.e. Depends)			
Assistance With Eating & Drinking Utensils, Adaptive Devices				Supervision/ Encouragement			
Transferring				Positioning			
Assist With Walking/Wheel Chair,Cane				Assist With Exercising			
Take Client For Walk				Supervision/Assistance With Therapy			
Medication Reminding				Routine Skin Care			
Apply Lotion-Feet, Back, Legs, Arms, Face, etc.				Other			
Notes/Comments:							
Miscellaneous Services							
Grocery Shopping				Errands (paying bills, pick up mail, prescriptions, etc.)			
Special Requests/Needs				Money/Financial Management			
Other				Other			
Notes/Comments:							

Name of Client : _____

Client/Client's Representative's Signature:

Date

Supervisor/Designee's Signature:

Date

<p align="center">Distribution: Original-HSH files Canary-Client Pink-Admin</p>
