Santrax ID: _____

Personal Care Services:

___Tub/Bed bath/Shower 23

___Foot Soak or Lotion 22

___ Hair care/Skin care 24

___ Medication Reminders 18

___ Shaving/Oral Care 20

___ Dressing 21

___ Transfers/ambulation 93

___ Clean/Polish Nails 25

____ Feeding/Eating 40

____ Toileting 82

____ Catheter Care 81

Attendant Care Services:

___ Prepare Meals 41

___ Accompany on Appointment 14

Homemaking Care:

____ Vacuuming 38

____ Mopping 37

____Dusting 36

____Laundry 31

__Change Bed Linen 30

____Shopping/Errands 13

____Clean Kitchen 34

____Trash Removal 39

____Clean Living Area 33

____Grocery Shopping 10

____Pick-up Medications 15

____Clean Bathroom 35

____Meal Planning 49

In-Home Respite:

Comments/Concerns: _____