





**COMPANION CARE**

**Client Name:**

**Provider Name: Champion Home Health Care**

DATE:	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
Light Housekeeping																															
Run Errands																															
Grocery Shopping																															
Miscellaneous Shopping																															
Meal Preparation																															
Laundry																															
Financial Management																															
Companionship																															
Arrange Doctor Appts.																															
Arrange Transportation																															
Provide Transportation																															
Social Interaction																															
Medication Reminders																															
Hygiene Assistance (non-hands on)																															
Supervision																															

**CLIENT SIGNATURE** \_\_\_\_\_

**DATE** \_\_\_\_\_