

	<u>Personal Care Tasks</u>		<u>Home Care Tasks</u>		<u>RN Tasks</u>
300	Bathing	200	Clean Bath	46	Fill Insulin Syringes
301	Dietary	201	Clean Kitchen	47	Setup Oral Meds
302	Dressing/Grooming	202	Clean Living Area	48	Monitor Skin Condition
313	Mobility/Transfer/Position	203	Essential Correspondence	49	Nail Care/Diabetes
314	Assist Self Admin. Meds	204	Iron/Mend	50	Supervisory Visit
315	Toileting	205	Laundry (Home/Off-site)	51	APC Training
		206	Make Bed/Change Linens	52	General Health Eval.
	Med. Rel. HC Tasks - replaces old Task Code 07	207	Meals/Dishes		
	Only used when Client doesn't receive HC	208	Shopping/Errands		<u>Respite Care</u>
303	Clean Bath (PC only)	209	Wash Windows/Blinds	56	Basic Hourly Respite – R2
304	Clean Kitchen (PC only)	210	Trash		
305	Clean Living Area (PC only)				
306	Iron/Mend (PC only)		<u>APC Tasks</u>		<u>Advanced Respite</u>
307	Laundry – (Home/Off-site) (PC only)	400	Aseptic Dressings	58	Adv. Hourly Respite – R3
308	Make Bed/Change Linens (PC only)	401	Assist with Transfer Device		
309	Meals/Dishes (PC only)	402	Bowel Program		<u>Exceptions</u>
310	Shop/Errands/Correspond (PC only)	403	Catheter Hygiene	21	Recipient Refused Services
311	Trash (PC only)	404	Non-Injectible Meds.	22	Family Assisted Tasks
312	Wash Windows/Blinds (PC only)	405	Ostomy Hygiene	23	Aide Emergency
		406	Passive Range of Motion	24	Client Had An Appointment
	<u>Non-Billable</u>			25	Client Emergency
27	RN Visit (non-billable)			26	Making up time
28	On-The-Job Training				

Employee Name: _____ Emp. ID#: 177

1-618-939-9816

Primary Clock In/Out Numbers: 1-877-557-7333

* (The 618 area code Primary number can only be used on a phone that allows "FREE" long distance calls. The 2nd Primary number can be used on any phone)

Secondary Clock In/Out Number: 1-844-460-4522

* (Use the secondary phone number only when the primary numbers are out of order)

Recipient Name: _____ Client ID #: _____

	<u>CDS Tasks</u>		<u>CDS Tasks</u>		
500	Assist with Transfer Device	521	Tidy and Dust		
501	Assist with Toileting	522	Trash		
502	Bathing	523	Treatments		
503	Bowel/Bladder Routine	524	Turning/Positioning		
504	Catheter Hygiene	525	Wash Dishes		
505	Change Linens				
506	Clean Bath				
507	Clean Floors				
508	Clean Kitchen				
509	Clean/Maintain Equipment				
510	Dressing/Grooming				
511	Essential Correspondence				
512	Essential Transportation				
513	Laundry (Home)				
514	Laundry (Off-site)				
515	Make Bed				
516	Meal Prep/Eating				
517	Medications				
518	Mobility/Transfer				
519	Ostomy Hygiene				
520	Passive Range of Motion				

Employee Name: _____ **Emp. ID#:** 177

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* (Use the Secondary number **only** when the Primary numbers are out of order)

Recipient Name: _____ **Client ID #:** _____