ATTENDANT CARE CHECKLIST

Month/Year:_____

Duties	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

GMS (1)

Client:_____ ***Provider:_____***

(***Printed Name***) (***Printed Name***)

Client/family signature: _____ ***Date:_____***

GMS Supervisor:_____ _____ ***Support Coordinator & Office_____***

(Signature)