

THIS FORM IS TO BE COMPLETED BY SUPERVISOR. STAFF WILL SIGN UPON COMPLETION OF DUTIES.

DAY SHIFT ASSIGNMENT SHEET		
HOUSE NAME:		DATE:
ASSIGNMENT	STAFF ASSIGNED	STAFF SIGNATURE-UPON COMPLETION
MEDICATION ADMINISTRATION		
Administer all medication on shift		
Check medication received from Pharmacy		
Medication check (MAR & NARCOTICS)		
Doctor's Appointment (If scheduled)		
Doctor's Appointment (If scheduled)		
FIRE SAFETY		
Staff A		
Staff B		
Staff C (if applicable)		
MEALS/DINING PLANS		
Breakfast Preparation/Liquid Preparation/Follow Menu		
Adaptive Equipment		
Mealtime Supevision of:		
Mealtime Supevision of:		
Mealtime Supevision of:		
Lunch Preparation/Liquid Preparation/Follow Menu		
Adaptive Equipment		
Mealtime Supevision of:		
Mealtime Supevision of:		
Mealtime Supevision of:		
RH--GOAL COMPLETION AND DOCUMENTATION-List individual for each assignment		
Work with:		
Work with:		
Work with:		
Billing documentation review		
PERSONAL HYGIENE- ADL's - List individuals		
Assist:		
HOME CARE:		
Kitchen Cleanup-after meal		
Dining Room		
Bathroom		
Complete Laundry		
ADDITIONAL ITEMS		
Laptop		
Community Outings (List):		
Community Outings (List):		

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EVENING ASSIGNMENT SHEET		
HOUSE NAME:		DATE:
ASSIGNMENT	STAFF ASSIGNED	STAFF SIGNATURE-UPON COMPLETION
MEDICATION ADMINISTRATION		
Administer all medication on shift		
Receive medication from pharmacy		
Medication check (MAR & Narcotics)		
Doctor's Appointment (If scheduled)		
Doctor's Appointment (If scheduled)		
FIRE SAFETY		
Staff A		
Staff B		
Staff C (if applicable)		
MEALS/DINING PLANS		
Snacks		
Dinner Preparation/Liquid Preparation/Follow Menu		
Adaptive Equipment		
Dinner Observation		
Program/Work Lunch Preparation		
Take out food for next day meals-place in refrigerator		
RH--GOAL COMPLETION AND DOCUMENTATION-List individual for each assignment		
Work with:		
Work with:		
Work with:		
Billing documentation review		
PERSONAL HYGIENE--include shower, tooth brushing, shaving-List individuals		
Assist:		
HOME CARE:		
Kitchen Cleanup-after meal		
Dining Room		
Bathroom		
Complete Laundry		
ADDITIONAL ITEMS		
Laptop		
Community Outings- List:		
Community Outings- List:		
Reviewed By:		Date:

OVERNIGHT ASSIGNMENT SHEET		
HOUSE NAME:		DATE:
ASSIGNMENT	STAFF ASSIGNED	STAFF SIGNATURE-UPON COMPLETION
MEDICATION ADMINISTRATION		
Administer all medication on shift		
Check medication received from Pharmacy		
Medication check (MAR & Narcotics)		
FIRE SAFETY		
Staff A		
Staff B		
Staff C (if applicable)		
MEALS/DINING PLANS		
Breakfast Preparation/Liquid Preparation/Follow Menu		
Adaptive Equipment		
Mealtime Supervision of:		
Mealtime Supervision of:		
Mealtime Supervision of:		
Check lunches for diet, proper food preparation, proper liquid consistency		
RH--GOAL COMPLETION AND DOCUMENTATION-List individual for each assignment		
Work with:		
Work with:		
Work with:		
Billing documentation review		
PERSONAL HYGIENE--include shower, tooth brushing, shaving, etc. -List individuals		
Assist:		
LAPTOP		
Staff Responsbile		
BED CHECKS--List who each staff will check. Complete Bed Check Sheet		

