

Ideal Homecare Agency, LLC

330 Curry Hollow Rd
 Pittsburgh, PA 15236
 Phone: 412-653-3938
 Fax: 412-655-3079

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Missed EVV Adjustment Form

Employee must notify Ideal Homecare as soon as the missed clock in or (and) missed clock out is/are realized by calling at 412-653-3938. They must complete and submit this form via email or fax listed at the top of this form.

Employee Name: _____ Participant Name: _____

| | | |
|-----------------|--|--------------------------|
| Missed Date → | | Reason for Missed In/Out |
| Missed Time In | | |
| Missed Time Out | | |
| Total Hours | | |

Please check all the services completed during the visit

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Toileting | <input type="checkbox"/> Lotion/Ointment | <input type="checkbox"/> Dressing |
| <input type="checkbox"/> Oral Care/Dentures | <input type="checkbox"/> Range of Motion | <input type="checkbox"/> Supervision/Coaching | <input type="checkbox"/> Hair Care |
| <input type="checkbox"/> Transfers | <input type="checkbox"/> Laundry/Fold | <input type="checkbox"/> Light Housekeeping | <input type="checkbox"/> Meal Preparation |
| <input type="checkbox"/> Feeding | <input type="checkbox"/> Shopping | <input type="checkbox"/> Reminding Medicine | <input type="checkbox"/> Supervised Walks |
| <input type="checkbox"/> Finance Management | <input type="checkbox"/> Socialization | <input type="checkbox"/> Scheduling Appointment | <input type="checkbox"/> Phone/Com. Device |
| <input type="checkbox"/> Secure Transportation | <input type="checkbox"/> Get seasonal Clothing | <input type="checkbox"/> Bowel/Bladder Management | <input type="checkbox"/> Other _____ |

Employee Signature: _____ Date: _____

Participant Acknowledgement

By signing below, I certify that I received services mentioned above on the date and time.

Participant Signature: _____ Date: _____

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For Office Use only

| |
|--------------------------------|
| Action Taken: _____ |
| Approved By: _____ Date: _____ |