

# Ideal Homecare Agency, LLC

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 Pittsburgh, PA 15236  
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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: \_\_\_\_\_

Employee Phone: \_\_\_\_\_

Missed Date →			Reason for Missed In/Out/Too Late/Too Early
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: \_\_\_\_\_