Personal Assistance Plan



Name

BATHING			
Level of Assistance	Care Plan		
\square No assistance	☐ No assistance	☐ Assist in/out of shower	
Remind of needs; lay out bathing articles assist	\square Remind to bathe	☐ Cue to wash certain areas	
with preparation and/or assist in and out of shower	☐ Lay out bathing articles	☐ Assist certain areas	
☐ Full assistance	☐ Set water temperature	☐ Full assistance needed	
GROOMING			
Level of Assistance	Care Plan		
\square No assistance	☐ No assistance	☐ Oral care needs	
Remind of needs; lay out grooming articles	\square Remind of grooming needs	☐ Facial/body hair needs	
and/or ensure certain areas are checked	\square Lay out grooming articles	☐ Make-up needs	
☐ Full assistance	☐ Hair care needs	☐ Full assistance needed	
DRESSING			
Level of Assistance	Care Plan		
\square No assistance	☐ No assistance	☐ Assist certain areas	
Remind of needs; lay out clothing and/or ensure certain areas are checked	☐ Remind of dressing needs	☐ Full assistance needed	
☐ Full assistance	\square Lay out clothing		
☐ Full assistance			
DINING			
Level of Assistance	Care Plan		
☐ No assistance	☐ No assistance	☐ Menu modifications	
\square Remind of needs; menu modifications	☐ Remind of needs	☐ Assist certain areas	
☐ Assist with certain dining functions			
AMBULATION/STATION			
Level of Assistance	Care Plan		
☐ No assistance	☐ No assistance	\square Assist with ambulation	
Stand beside supervision during ambulation	\square Stand beside supervision	\square Assist with transfers	
and/or reminders to us assistive aids	\square Remind to use assistive aids		
\square Assistance with ambulation/transfers			



Personal Assistance Plan continued

Name

ORIENTATION		
Level of Assistance	Care Plan	
☐ No assistance	\square No assistance	☐ Reassurance needed
☐ Forgetful and needs reminders	☐ Reminders	☐ Redirection needed
Frequent reassurance and/or redirection needed	·	
SENSORY AIDS		
Level of Assistance	Care Plan	
☐ No assistance	☐ No assistance	☐ Clean and maintain
Remind of needs and/or assistance with cleaning and maintenance of sensory aids	☐ Reminders	☐ Misplaces frequently
☐ Misplaces sensory aids frequently		
HOUSEKEEPING		
Level of Assistance	Care Plan	
☐ Standard housekeeping/laundry service	☐ Standard housekeeping	☐ Daily laundry
More frequesnt assistance; assist with maintaining orderliness of personal items, clothing and food	☐ Check regularly	☐ Extensive services
Extensive housekeeping services (frequent carpet cleaning, daily laundry)	·	
INCONTINENCE ASSISTANCE		
Level of Assistance	Care Plan	
☐ No assistance	☐ No assistance	☐ Incontinent of bladder
☐ Remind of needs; cueing to and from restroom	☐ Remind of needs	☐ Incontinent of bowel
•	☐ Cueing to/from restroom	☐ Supportive devices
☐ Full assistance	☐ Full assistance needed	☐ Briefs/pads
NOTES		

