PERSONAL CARE SERVICES TICKET (T1019 U5)

DISTRICT:	**STUDENT NAME:**	**MEDICAID ID:**	**START TIME:**	**MONTH:**
SUBSITE:	**STUDENT IDENTIFIER:**	**DATE OF BIRTH:**	**END TIME:**	**YEAR:**

	ADL/IADLs														BUS TRIP				OBSERVATION			
Date of Service	Total Daily Minutes: BATHING	Total Daily Minutes: DRESSING	Total Daily Minutes: EATING	Total Daily Minutes: ESCORT	Total Daily Minutes: LOCOMOTION OR MOBILITY	Total Daily Minutes: MEAL PREPARATION	Total Daily Minutes: MONEY MANAGEMENT	Total Daily Minutes: ORAL MEDICATION ASSISTANCE	Total Daily Minutes: PERSONAL HYGIENE	Total Daily Minutes: POSITIONING	Total Daily Minutes: TELEPHONE OR OTHER COMMUNICATION	Total Daily Minutes: TOILETING	Total Daily Minutes: TRANSFERRING	**ADL/IADL TOTAL BILLABLE MINUTES**	Personal Care - Bus Trip **AM**	Personal Care - Bus Trip **PM**	**NON-BILLABLE: MONITORING**	**NON-BILLABLE: PROMPTING/CUEING/REDIRECTION**	Student was alert and actively participated.	Student required assistance to complete tasks successfully.	Student was uncooperative.	**Signature**
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	
																			◻	◻	◻	

NOTES:

Each time the student arrives at or departs from school using the special education bus:
DOCUMENT personal care services provided using the following key:
1 - ESCORT **3 - POSITIONING**
2 - LOCOMOTION OR MOBILITY **4 - TRANSFERRING**
If student is ABSENT, record "A" for each trip.

PRINTED SERVICE PROVIDER NAME:	**TITLE:**	**SERVICE PROVIDER SIGNATURE:**	**DATE:**