



Chester County Intermediate Unit
 Student Services Division – Assessment & Clinical Services
HOME AND COMMUNITY SERVICES

PCA Weekly Reporting Sheet

Name of PCA: _____

Service Week: Saturday, _____ to Friday, _____

Client Name: _____

DATE OF SERVICE	START TIME	END TIME	START TIME	END TIME	TOTAL HOURS	TRAVEL TIME	SERVICE CODE	HOME OR SCHOOL	Certifying Signature
TOTAL									

WEEKLY AUTHORIZATION (HOURS)	WEEKLY SERVICES PROVIDED (HOURS)	REASON CODE (IF NECESSARY)

PCA Signature: _____

Service Codes

1 = PCA

2 = PCA - Aide

3 = On-Site Supervision

4 = Non-Billable Service

For CCRES Use Only

_____ Supervision Hours

_____ PCA Hours

_____ PCA - Aide Hours

_____ Total Travel Time

_____ Total Training Hours

Pay Date: _____