

Live-in Aide Supports Chart and Agreement

Instructions: For each day of the week, indicate the level of assistance you need with each activity and the number of hours the live-in aide (LIA) will assist with each activity. If an activity takes less than an hour, use 15 minute increments (e.g., .25, .5, .75). If you use Medicaid Waiver Shared Living Services, please use the Shared Living Supports Agreement instead of this document.

Individual's Full Name: _____

Live-in Aide's Full Name: _____

The individual and live-in aide agree the live-in aide will provide the following supports to the individual at the identified level of assistance in accordance with the weekly schedule below.

Supports Needed	*Complete Assistance Needed	*Some Assistance Needed	*No Assistance Needed	Su	Mo	Tu	We	Th	Fr	Sa	Comments
	Put an "X" next to the level of assistance needed for each task										
Bathing											
Dressing											
Grooming											
Oral Care											
Toileting											
Transferring											
Walking											
Shopping											
Cooking/Meal Prep											
Meals											
Breakfast											
Lunch											
Dinner											
Snack(s)											
Dishwashing											
Taking out trash											
Cleaning											
Laundry											
Collecting, opening, reading mail											
Managing Finances, paying bills											
Locking windows/doors											
Medication Management	Frequency	Dosage	Purpose								
Med 1:											
Med 2:											
Calling 911/Exiting safely in an emergency											As needed
Exiting safely in an Emergency											As needed
Answering the door											As needed

(*Complete = physical assistance, hand over hand assistance, physical prompts; *some = verbal cues/reminders, picture/photo cues, assistive tech/adaptive device; *no assistance = can perform independently)

Individual (or Guardian) Signature: _____

Date: _____

Live-in Aide Signature: _____

Date: _____