



UPCAP WORK ORDER

For Data Entry Only

Received:

Entered:

Case Tech Initials:

Name:
Address
Phone:

Date: **Client Priority Status:**
Agency Name:
Family Contact:
Phone Number:
Primary SC:

Priority Classification:

Priority I – Must receive services as ordered regardless of unforeseen staffing circumstances

Priority II – For staffing emergencies, these clients have priority over Priority III clients

Priority III – Time of day or week may be altered for services to cover Priority I & II clients

HCPCS Service Code/ Standardized Remark	Fund Code	Days of Week	Hours/ Units Per Day	Time (s) of Day	Reason for Work Order New-Increase-Decrease No Change-Time Change Change Day of Week 1X only-Cancelled	Start	Stop	Service Hold Date	Service Resume Date
			Hrs. Units						
			Hrs. Units						
			Hrs. Units						
			Hrs. Units						
			Hrs. Units						

CARE TO INCLUDE:

<u>Personal Care Tasks :</u>	<u>Homemaker Aide Tasks :</u>	<u>Nursing Tasks :</u>
Oral Care Bathing Hair Care Med Reminder Transferring Socialization/Companionship Assist with Eating/Feeding	Walking/Mobility Toileting Dressing Exercise/ROM Prompting/Cueing	Wash Dishes Meal Prep Laundry Vacuuming Make/Change Bed Clean Bathroom
	Trash Shopping Errands Wash Floors Dusting Lifeline in place	Nail/Foot Care Medication Management Evaluation, Treatment, or Monitoring

DIET: **ALLERGIES:**

SPECIAL INSTRUCTIONS:

For Self Determination: **Employee Wage:** **Agency rate:**

Completed By: