



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

**DIET:** **ALLERGIES:**

**SPECIAL INSTRUCTIONS:**

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

**Completed By:**