

# Homecare Services - Partial List



A check list of typical in home services provided by United Homecare Services. This list encompasses most of the general activities we provide, but is considered only a partial list as additional assistance may be provided upon request.

Frequency	Service
_____	<input type="checkbox"/> Meal preparation
_____	<input type="checkbox"/> Housekeeping and cleaning
_____	<input type="checkbox"/> Laundry, dishes and garbage
_____	<input type="checkbox"/> Change linens and make bed
_____	<input type="checkbox"/> Vacuuming, dusting, polishing furniture
_____	<input type="checkbox"/> Organize and clean closets, pantries and kitchen cupboards
_____	<input type="checkbox"/> Clean and monitor refrigerator
_____	<input type="checkbox"/> Yard work
_____	<input type="checkbox"/> Supervise home maintenance
_____	<input type="checkbox"/> Assist with pet care
_____	<input type="checkbox"/> Escort to and from appointments, etc.
_____	<input type="checkbox"/> General shopping, grocery shopping and incidental transportation
_____	<input type="checkbox"/> Medication reminders, pickup prescriptions
_____	<input type="checkbox"/> Walking and stabilization assistance
_____	<input type="checkbox"/> Bathing assistance
_____	<input type="checkbox"/> Toileting assistance
_____	<input type="checkbox"/> Companionship and conversation
_____	<input type="checkbox"/> Assist with writing correspondence
_____	<input type="checkbox"/> Reading
_____	<input type="checkbox"/> Meal planning
_____	<input type="checkbox"/> Assist with apparel selection
_____	<input type="checkbox"/> Monitor diet and eating habits
_____	<input type="checkbox"/> Oversee home deliveries
_____	<input type="checkbox"/> Assist with purchase of needed items
_____	<input type="checkbox"/> Assist with bills, letters and subscription mailings
_____	<input type="checkbox"/> Maintain calendar, birthday and anniversary reminders
_____	<input type="checkbox"/> Assist with general decision making
_____	<input type="checkbox"/> Assist with visits to and from neighbors, family and friends
_____	<input type="checkbox"/> Monitor general living conditions, food freshness and expiration dates
_____	<input type="checkbox"/> Care of houseplants
_____	<input type="checkbox"/> Any other assistance that can reasonably be provided

Services List: OR  
Rev. 11/07

Participants: \_\_\_\_\_ Date: \_\_\_\_\_