SUMMIT POINTE COMMUNITY LIVING SUPPORTS (H2015)

Customer's Name: Location:					Reporting Period: (Mon/Year)													
						Shared Staffing () Ind () Plan Date: (Shared Staffing – Indicate Identified Hours Per Contract/Day)												
Community I community in settings.					_				ıcy, fa	cilitatin	g an in	dividu	al's ac	hievem	ent of l	his/her	_	-
Goal(s):																		
Objective(s)):																	
Authorized A	ativitias																	
Authorized Activities M=Meal Preparation L=Laundry H=H				H=Hous	ehold C	hores	ME=	Medical	Annoir	nt.	S=Sho	Shopping MA=Medication Admin						
			SR=Soc/Relationships T=Tr			L			LA=Leisure Activity				d Care		HS=Health/Safety			
, j				f Daily Living Defined As – Bathing, Dressing, Grooming, Toileting,								· · · · · · · · · · · · · · · · · · ·						
Mode		•		•														
PA=Physical Assist VP=Verbal Prompts MO=Modeling				IC=	Indepen	dent Co	mpletio	n S	C=Staff	Complet	tion	IR=Individual Refused						
										Indica	ite Mod	le and	Activit	y Provi	ded Da	ily		
	Start	Stop		Shared														
Day	Time	Time	Duration	Staff	M	L	H	ME	S	MA	MM	SR	Т	LA	NM	HS	V	A
1																		
2																		
3																		
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5																		
6																		
7																		
8																		

	Start	Stop		Shared														
Day	Time	Time	Duration	Staff	M	L	H	ME	S	MA	MM	SR	T	LA	NM	HS	V	A
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Staff Narrat	ger for thei	r knowledg	ge and/or f	Collow-up.)														
Sent By:																		
~ J ·	Program Administrator					- Dat	Date											
□Reviewed	by Case M	anager																

Date

Initials