

Specialized Residential Personal Care & Community Living Supports Log

Name: _____
 Home: _____
 Consumer ID: _____

V Provided
 Z Assisted/Guided
 I Independent
 INITIAL BOTTOM
 SIGN BACK

R Refusal
 H Hospitalization
 LOA Leave of Absence
 E Elopement

Month:	Days of Month: Indicate first or second shift (1 or 2)																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Personal Care																															
Eating																															
Toileting																															
Bathing																															
Dressing																															
Grooming																															
Transferring																															
Ambulation																															
Taking Medication																															
Laundry/Housekeeping																															
Community Living Supports																															
Household Chores																															
Community Safety																															
Leisure Activities																															
Time Management																															
Money Management																															
Transportation																															
Health/Nutrition Awareness																															
Staff Initials - First Shift																															
Staff Initials - Second Shift																															

