

Community Mental Health for Central Michigan  
**SPECIALIZED RESIDENTIAL PROGRESS NOTE**

DATE: \_\_\_\_\_

CONSUMER NAME: \_\_\_\_\_

CASE #: \_\_\_\_\_

DOB: \_\_\_\_\_

Licensed Family Home

Licensed Group Home

<i>I = Independent</i>	<i>M = Monitoring</i>	<i>VP = Verbal Prompts</i>
<i>HOH = Hand-over-Hand</i>	<i>TC = Total Care</i>	<i>R = Refusal</i>
<i>LOA = Leave of Absence</i>	<i>A = Assist</i>	<i>H = Hospitalization</i>

PERSONAL CARE SUPPORTS (hands-on & face-to-face)	Level of Assist		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Personal Hygiene (change clothes, wash hands/face)			
Bathing			
Dressing			
Toileting			
Medication Management/Self-Med Program			
Eating/Feeding			
Transferring (between bed, chair, wheelchair)			
Ambulating			
Meal Preparation			
Laundry/Housekeeping			

COMMUNITY LIVING SUPPORTS (monitors & prompts)	Level of Assist		
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>
Medication Administration			
Grocery Shopping/Menu Planning/Meal Prep			
Laundry/Housekeeping			
Money Management			
Health Care/Dental Appointment/ER Visit			
Community Outings/Religious Services			
Symptom Management/Redirection Behaviors			
Socialization			
Transportation			
Monitoring/Protection (sleeping)			
Time Management			

**1<sup>st</sup> SHIFT**

Start Time: \_\_\_\_\_ a.m.  
p.m.

Stop Time: \_\_\_\_\_ a.m.  
p.m.

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**Staff Name (please print):** \_\_\_\_\_

**Staff Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2<sup>nd</sup> SHIFT**

Start Time: \_\_\_\_\_ a.m.  
p.m.

Stop Time: \_\_\_\_\_ a.m.  
p.m.

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**Staff Name (please print):** \_\_\_\_\_

**Staff Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3<sup>rd</sup> SHIFT**

Start Time: \_\_\_\_\_ a.m.  
p.m.

Stop Time: \_\_\_\_\_ a.m.  
p.m.

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**Staff Name (please print):** \_\_\_\_\_

**Staff Signature/Credentials:** \_\_\_\_\_ **Date:** \_\_\_\_\_