

Community Mental Health for Central Michigan
Specialized Residential Progress Note Form A

Licensed Group Home Licensed Family Home

Date: _____ Case #: _____ DOB: _____ Consumer Name: _____
 AM: _____ PM: _____ MN: _____

I = Independent M = Monitoring VP = Verbal Prompts HOH = Hand-over-Hand PA = Physical Assist
TC = Total Care R = Refusal H = Hospitalization LOA = Leave of Absence

			Community Living Supports <i>(Monitors & Prompts)</i>				Personal Care Supports <i>(Hands On & Face-to-Face)</i>
AM	PM	MN		AM	PM	MN	
			Medication Administration				Personal Hygiene (change clothes, wash hands/face)
			Grocery Shopping/Menu Planning/Meal Preparation				Bathing
			Laundry & Housekeeping				Dressing
			Money Management				Toileting
			Health Care/Dental Appointment/ER Visit				Medication Management/Self-Medication Program
			Community Outings/Religious Services				Eating/Feeding
			Symptom Management/Redirection Behaviors				Transferring (between bed, chair, and wheelchair)
			Socialization				Ambulating
			Transportation				Meal Preparation
			Monitoring/Protecting (sleeping)				Laundry & Housekeeping
			Time Management				

Staff: Please print your name then sign with your credentials after writing your note. *Example: Joe Smith Joseph Smith, DSP*
