

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																																

