SUMMIT POINTE
COMMUNITY LIVING SUPPORTS (H2015)

Customer's Name: _____ Reporting Period: _____ (Mon/Year)
Provider's Agency: _____ Location: _____ Shared Staffing ( ) Ind ( ) Plan Date: _____
(Shared Staffing – Indicate Identified Hours Per Contract/Day _____)

Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his/her goals of community inclusion and participation, independence or productivity. The supports may be provided in the participant's residence or in community settings.

Goal(s):
Objective(s):

Authorized Activities

M=Meal Preparation	**L=Laundry**	**H=Household Chores**	**ME=Medical Appoint.**	**S=Shopping**	**MA=Medication Administration**
MM=Money Management	**SR=Soc/Relationships**	**T=Transportation**	**LA=Leisure Activity**	**NM=Non-Med Care**	**HS=Health/Safety**
V=Volunteering	**A=ADLS (Activities of Daily Living Defined As – Bathing, Dressing, Grooming, Toileting, Hygiene Activities)**				

Mode

PA=Physical Assist	**VP=Verbal Prompts**	**MO=Modeling**	**IC=Independent Completion**	**SC=Staff Completion**	**IR=Individual Refused**

Indicate Mode and Activity Provided Daily

Day	Start Time	Stop Time	Duration	Shared Staff	M	L	H	ME	S	MA	MM	SR	T	LA	NM	HS	V	A
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		

Day	Start Time	Stop Time	Duration	Shared Staff	M	L	H	ME	S	MA	MM	SR	T	LA	NM	HS	V	A
13																		
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Staff Narrative: (Notation of comments that are pertinent to the customer's success/lack thereof or items that need to be communicated to the Case Manager for their knowledge and/or follow-up.)

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Sent By: _____ _____

Program Administrator **Date**

☐ **Reviewed by Case Manager** _____ _____

Initials **Date**