

Home and Community-based Services

Host/Companion Service Delivery Log

Individual Name (First, Last)	Address	Local Case No./CARE ID	Week Of (mm/dd/yy)
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At the end of the day, check all items that you completed with the individual. If there were any incidents, concerns or special events, document on the bottom of the form.

mm/dd/yy	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Activities of Daily Living

Bathing							
Dressing							
Personal Hygiene							
Feeding (with total assistance)							
Meal Planning							
Meal Preparation							
Housekeeping							

Habilitation

Develop and Improve Independent Living Skills							
Community Integration							
Develop Socially Valued Behaviors							
Use of Natural Supports							
Participate in Leisure Activities							

Assisting With

Ambulation and Mobility							
Administration of Medication							
Reinforcing Specialized Therapies							
Transportation							
Supervising Safety and Security							
Monitoring Health							
Monitoring Personal Hygiene							

Not in Home

Temporary Discharge							
Active on Leave							
Host/Companion Initials							

Goal	Documentation of IP Goals					
		Lack of Progress		Maintain		Making Progress
		Lack of Progress		Maintain		Making Progress
		Lack of Progress		Maintain		Making Progress
		Lack of Progress		Maintain		Making Progress

Date	Comments (Medical, Special Events, IP Goals continued)

Signature	Printed Name	Location Code