|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Client Name: Jane Adams | | Agency Name: XYZ Home Care | | | |
| Type of Activity: Transitional Case Management  CSP Supported Employment  Peer Support | | | | | |
| Type of Service:  Individual  Group | | | | | |
| Location: Office Home Skilled Nursing Facility Nursing Facility CMHC Other | | | | | |
| Goal (s) Number: 1 | | Objective(s) Number: 2 | | | |
| Present at Session:  Client  Others (Please identify name (s) and relationship to client): Click or tap here to enter text. | | | | | |
| Interventions Provided: Assisted Jane with creating her weekly shopping list. Taught Jane how to look through flyer and find what items were on sale and match them up with coupons. Also had a discussion about what types of foods her doctor is recommending to comply with diabetic diet. Reviewed with Jane what to prepare before going to the grocery store with RA (bring list, coupons, food stamp card). | | | | | |
| Client Response to the Intervention: Jane was able to read the flyer and identify items that were on sale that would fit in with her meal plan. Jane was reluctant to purchase all of the items recommended by her doctor but agreed to at least buy some fresh greens. | | | | | |
| Plan and Next Steps: Jane will go to the grocery store with her RA on 5.18.18. We will review how the trip went at our next appointment on 5.23.18. | | | | | |
| Level Of Assistance: 5 Maximum 4 Moderate 3 Minimum 2 Standby 1 Independent 0 Unable | | | | | |
| Signature and Credentials of Staff | Date of Sign | Date of Service | Start Time | Stop Time | Total Time |
| John Staff | 5/15/18 | 5/15/18 | 10:00 AM | 1:00 PM | 3 hours |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Client Name: Jane Adams | | Agency Name: XYZ Home Care | | | |
| Type of Activity: Transitional Case Management  CSP Supported Employment  Peer Support | | | | | |
| Type of Service:  Individual  Group | | | | | |
| Location: Office Home Skilled Nursing Facility Nursing Facility CMHC Other | | | | | |
| Goal (s) Number: 3 | | Objective(s) Number: 1 | | | |
| Present at Session:  Client  Others (Please identify name (s) and relationship to client): Click or tap here to enter text. | | | | | |
| Interventions Provided: Engaged Jane in a conversation about community activities. Taking Jane’s suggestion of attending Bingo, role played walking into the Bingo Hall and finding a seat. | | | | | |
| Client Response to the Intervention: With encouragement, Jane was able to engage in the role play and felt comfortable after reviewing the situation several times. | | | | | |
| Plan and Next Steps: Jane plans to attend Bingo next Friday night at the firehouse. We will review at our next meeting on 11.30.17. | | | | | |
| Level Of Assistance: 5 Maximum 4 Moderate 3 Minimum 2 Standby 1 Independent 0 Unable | | | | | |
| Signature and Credentials of Staff | Date of Sign | Date of Service | Start Time | Stop Time | Total Time |
| John Staff | 11/21/17 | 11/21/17 | 1:00 PM | 3:00 PM | 2 hours |

**\*Level of Assistance**

**5 - MAXIMUM ASSISTANCE – Cues –** Step by step **physical gestures, pointing and demonstrations**. **Prompts/Coaching -** Step by step **physical demonstrations with visual and verbal directions** that prompt the participant to perform the skills and/or tasks.

**4 - MODERATE ASSISTANCE – Cues** – Step by step **verbal & written directions/hints** to help organize thoughts. **Prompts/Coaching** – Step by step **verbal directions**.

**3 - MINIMUM ASSISTANCE – Cues** - **Verbal & written hints** related to the task. **Prompts/Coaching** – **Written and/or verbal directions**.

**2 - STANDBY ASSISTANCE – Cues** – **Visual demonstrations** related to the task. **Prompts/Coaching** – **Visual and physical directions** that prompt the participant to perform the skills and/or tasks.

**1 - INDEPENDENT – No physical or cognitive assistance needed to perform activities or tasks.**

**0 - UNABLE TO ASSESS OR INDIVIDUAL REFUSES TO BE ASSESSED.**