Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Service\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

R.A. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***Level of Assistance (LOA) Definitions:***

**5. MAXIMUM ASSISTANCE – Unable to meet minimal standards of behavior or functioning in order to participate in daily living activities or performance of basic tasks approximately 75% of time. 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 – Needs constant cognitive assistance such as 1:1 cueing, prompting/coaching or demonstrations to sustain or complete simple, repetitive activities or tasks safely and accurately approximately 50% of time. Cues** – **Step by step verbal & written directions/hints** to help organize thoughts. **Prompts/Coaching** – Step by step verbal directions.

**3. MINIMUM ASSISTANCE – Needs periodic cognitive assistance (cueing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems approximately 25% of time. Cues** - **Verbal & written hints** related to the task. **Prompts/Coaching** – written and/or verbal directions.

**2. STANDBY ASSISTANCE – Supervision by one person is needed to enable the individual to perform new procedures for safe and effective performance. 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.**

***Please check the skill area and the LOA provided. Add comments if applicable.***

***The goal of each client is to increase independence in all areas of daily living***

|  |  |  |  |
| --- | --- | --- | --- |
|  | ***LOA*** |  | ***LOA*** |
| **Personal Hygiene** |  | **Household Task** |  |
| [ ]  Bathing |  | [ ]  Change Linens |  |
| [ ]  Dressing |  | [ ]  Vacuum/Dust |  |
| [ ]  Oral Care |  | [ ]  Clean Kitchen |  |
| [ ]  Clean Clothes |  | [ ]  Clean Bedroom |  |
| [ ]  Hair Care |  | [ ]  Clean Living Room |  |
| [ ]  Nail Care |  | [ ]  Clean Bathroom |  |
| [ ]  Obtain proper hygiene supplies |  | [ ]  Discard Garbage |  |
| [ ]  Other |  | [ ]  Mop floor |  |
| Comments: |  | [ ]  Obtain Proper Cleaning Supplies |  |
|  |  | [ ]  Regulating Home Temperature |  |
|  |  | [ ]  Pest Control |  |
|  |  | [ ]  Other |  |
|  |  | Comments: |  |
| **Personal Laundry** |  | **Food Management** |  |
| [ ]  Wash Clothes |  | [ ]  Meal Planning |  |
| [ ]  Dry Clothes |  | [ ]  Food Selection |  |
| [ ]  Fold Clothes |  | [ ]  Food Storage |  |
| [ ]  Iron Clothes |  | [ ]  Safe Cooking Habits |  |
| [ ]  Mend Clothes |  | [ ]  Order Food in restaurants |  |
| [ ]  Other |  | [ ]  Acceptable Table Manners |  |
| Comments: |  | [ ]  Other |  |
|  |  | Comments: |  |
|  | ***LOA*** |  | ***LOA*** |
| **Personal Health and Safety** |  | **Budgeting** |  |
| [ ]  Review use of medical emergency services |  | [ ]  Prioritizing Bills |  |
| [ ]  Schedule Medical Appointments |  | [ ]  Paying Bills |  |
| [ ]  Schedule Dental Appointments |  | [ ]  Saving Money |  |
| [ ]  Daily Exercising |  | [ ]  Maintaining a checkbook |  |
| [ ]  Recognizes medication regime |  | [ ]  Contacting Entitlements |  |
| [ ]  Self admin. of medication |  | [ ]  Other |  |
| [ ]  Understands Basic First Aid/Universal Precautions |  | Comments: |  |
| [ ]  Maintains Judicial Appointments |  | **Leisure Activities** |  |
| [ ]  Understands Fire Evacuation Plan |  | [ ]  Selecting Activities |  |
| [ ]  Understands Safe Smoking |  | [ ]  Playing games |  |
| [ ]  Recognizes Safe Use of Electrical Equipment |  | [ ]  Shopping |  |
| [ ]  Contact the Landlord |  | [ ]  Outings |  |
| [ ]  Avoiding conflicts |  | [ ]  Pet Care |  |
| [ ]  Rejecting Substance Abuse |  | [ ]  Use of Natural Supports |  |
| [ ] Understands Safe Sex Practices |  | [ ]  Reading |  |
| [ ]  Uses Seat Belts |  | [ ]  Hobbies/Sports |  |
| [ ] Other |  | [ ]  Other |  |
| Comments: |  | Comments: |  |
|  |  |  |  |
|  |  |  |  |
| **Interpersonal Skills** |  | **Transportation** |  |
| [ ]  Makes Social Plans |  | [ ]  Assist with public transportation |  |
| [ ]  Identifies Boundaries |  | [ ]  Other |  |
| [ ]  Identifies Coping Skills |  | Comments: |  |
| [ ]  Other |  |  |  |
| Comments: |  |  |  |

Today’s Goal (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Time In:\_\_\_\_\_\_\_\_\_\_ Time Out:\_\_\_\_\_\_\_\_\_\_ Total Time: \_\_\_\_\_\_\_\_\_\_

Recovery Assistant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_