Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Service: January 3, 2010

Sally Joe

Recovery Assistant Name: Mary Smith Agency Name: XYZ Home Care

***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 | **4** |
| 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 | **3** |
| Schedule Medical Appointments |  | Paying Bills | **3** |
| 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): Budgeting- organizing and paying bills $ household tasks- kitchen

Comments: Sally needed lots of redirection to stay focused on task. She expressed she does not like paying bills. Kitchen was full of dishes and food- Sally did participate in cleaning

Time In: 9:30am Time Out: 11:00am Total Time: 6 units

Recovery Assistant Signature: Mary Smith

Client Signature: Sally