Client Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RA Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Level of Assistance (LOA) \***

**5**. **Maximum Assistance**

**4.** **Moderate Assistance**

**3**. **Minimum Assistance** **2**. **Standby Assistance**

**1**. **Independent**.

**0**. Client chose not participate in activity **n/a** Activity did not occur/did not need to occur

|  |  |  |  |
| --- | --- | --- | --- |
| Category | LOA Provided\* (# or n/a) | Focus in Recovery Plan | Comments |
| YES | NO |   |
| Personal Hygiene |   |   |   |   |
| Household Task |   |   |   |   |
| Personal Laundry |   |   |   |   |
| Food Management |   |   |   |   |
| Personal Health & Safety |   |   |   |   |
| Budgeting |   |   |   |   |
| Leisure Activities |   |   |   |   |
| Transportation |   |   |   |   |
| Interpersonal Skills |   |   |   |   |

Summary:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recovery Assistant Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Hospital Notification N/A**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Facility Name:  |   |   | Date: |   |
| □ Emergency Dept  |  □ Inpatient | □ Medical  | □ Psychiatric |  □ Planned  |  □ Unplanned |