

DMHAS WISE Program
Recovery Assistant - Skill Building Encounter Note

Client Name _____ Date of Service _____

Recovery Assistant 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*

	<i>LOA</i>		<i>LOA</i>
<p style="text-align: center;">Personal Hygiene</p> <p><input type="checkbox"/> Bathing _____</p> <p><input type="checkbox"/> Dressing _____</p> <p><input type="checkbox"/> Oral Care _____</p> <p><input type="checkbox"/> Clean Clothes _____</p> <p><input type="checkbox"/> Hair Care _____</p> <p><input type="checkbox"/> Nail Care _____</p> <p><input type="checkbox"/> Obtain proper hygiene supplies _____</p> <p><input type="checkbox"/> Other _____</p> <p>Comments: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Household Task</p> <p><input type="checkbox"/> Change Linens _____</p> <p><input type="checkbox"/> Vacuum/Dust _____</p> <p><input type="checkbox"/> Clean Kitchen _____</p> <p><input type="checkbox"/> Clean Bedroom _____</p> <p><input type="checkbox"/> Clean Living Room _____</p> <p><input type="checkbox"/> Clean Bathroom _____</p> <p><input type="checkbox"/> Discard Garbage _____</p> <p><input type="checkbox"/> Mop floor _____</p> <p><input type="checkbox"/> Obtain Proper Cleaning Supplies _____</p> <p><input type="checkbox"/> Regulating Home Temperature _____</p> <p><input type="checkbox"/> Pest Control _____</p> <p><input type="checkbox"/> Other _____</p> <p>Comments: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p style="text-align: center;">Personal Laundry</p> <p><input type="checkbox"/> Wash Clothes _____</p> <p><input type="checkbox"/> Dry Clothes _____</p> <p><input type="checkbox"/> Fold Clothes _____</p> <p><input type="checkbox"/> Iron Clothes _____</p> <p><input type="checkbox"/> Mend Clothes _____</p> <p><input type="checkbox"/> Other _____</p> <p>Comments: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">Food Management</p> <p><input type="checkbox"/> Meal Planning _____</p> <p><input type="checkbox"/> Food Selection _____</p> <p><input type="checkbox"/> Food Storage _____</p> <p><input type="checkbox"/> Safe Cooking Habits _____</p> <p><input type="checkbox"/> Order Food in restaurants _____</p> <p><input type="checkbox"/> Acceptable Table Manners _____</p> <p><input type="checkbox"/> Other _____</p> <p>Comments: _____</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

LOA

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Personal Health and Safety

- Review use of medical emergency services _____
- Schedule Medical Appointments _____
- Schedule Dental Appointments _____
- Daily Exercising _____
- Recognizes medication regime _____
- Self admin. of medication _____
- Understands Basic First Aid/Universal Precautions _____
- Maintains Judicial Appointments _____
- Understands Fire Evacuation Plan _____
- Understands Safe Smoking _____
- Recognizes Safe Use of Electrical Equipment _____
- Contact the Landlord _____
- Avoiding conflicts _____
- Rejecting Substance Abuse _____
- Understands Safe Sex Practices _____
- Uses Seat Belts _____
- Other _____

Comments: _____

Budgeting

- Prioritizing Bills _____
- Paying Bills _____
- Saving Money _____
- Maintaining a checkbook _____
- Contacting Entitlements _____
- Other _____

Comments: _____

Leisure Activities

- Selecting Activities _____
- Playing games _____
- Shopping _____
- Outings _____
- Pet Care _____
- Use of Natural Supports _____
- Reading _____
- Hobbies/Sports _____
- Other _____

Comments: _____

Interpersonal Skills

- Makes Social Plans _____
- Identifies Boundaries _____
- Identifies Coping Skills _____
- Other _____

Comments: _____

Transportation

- Assist with public transportation _____
- Other _____

Comments: _____

Today's Goal (s): _____

Comments: _____

Time In: _____ Time Out: _____ Total Time: _____

Recovery Assistant Signature: _____

Client Signature: _____