

DMHAS WISE Program  
Recovery Assistant Monthly Progress Note

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		<input type="checkbox"/>	<input type="checkbox"/>	
Household Task		<input type="checkbox"/>	<input type="checkbox"/>	
Personal Laundry		<input type="checkbox"/>	<input type="checkbox"/>	
Food Management		<input type="checkbox"/>	<input type="checkbox"/>	
Personal Health & Safety		<input type="checkbox"/>	<input type="checkbox"/>	
Budgeting		<input type="checkbox"/>	<input type="checkbox"/>	
Leisure Activities		<input type="checkbox"/>	<input type="checkbox"/>	
Transportation		<input type="checkbox"/>	<input type="checkbox"/>	
Interpersonal Skills		<input type="checkbox"/>	<input type="checkbox"/>	

Summary:

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

**Hospital Notification**

N/A

Facility Name:	Date:
<input type="checkbox"/> Emergency Dept <input type="checkbox"/> Inpatient <input type="checkbox"/> Medical <input type="checkbox"/> Psychiatric	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned