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:

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

**Hospital Notification N/A**

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