

ALEGRIA FAMILY SERVICES	<u>WEEKLY PROGRESS NOTES</u> FAMILY LIVING <input type="checkbox"/> FAMILY LIVING RELIEF <input type="checkbox"/>	Year: 2014
--------------------------------	--	-------------------

Family Living Provider:								Individual's Name :								Month:							
Days of week	S	M	T	W	T	F	S	Days of week	S	M	T	W	T	F	S	Days of week	S	M	T	W	T	F	S
Appointments Psych (psy) Dental (d) Medical (m) Prosthetic (pr) Vision (v) Hearing (h)								Therapies (note type) BSC-OT SLP-PT								Employment or Day Habilitation X = Worked/Attended H= Holiday S= Sick V= Vac.							
Significant Incident (attach report and note on next page))								Visitors Case mgr (CM) Service Coord.(SC) Other (O)								Community Access X = Attended H= Holiday S= Sick V= Vac							
Fire/Evacuation Drill																							

Interactions	SUN (date)_____	MON (date)_____	TUES (date)_____	WED (date)_____	THURS (date)_____	FRI (date)_____	SAT (date)_____
Out of Home <i>(Brief Description of How FLP Assisted In Activity - <u>As Needed</u>)</i>							
Start / Stop Times							
In the Home <i>(Brief Description of How FLP Assisted In Activity <u>Every Day</u>)</i>							
Start / Stop Times							
Provider's FULL Signature							

Additional notes on unusual incidents, significant life change, health status change or concerns, skill development and progress on the second page of this form.

ALEGRIA FAMILY SERVICES	FAMILY LIVING RELIEF	Year: 2014
<i>Family Living Relief:</i> _____	<i>Individual's Name :</i> _____	<i>Month:</i> _____

Date(s)	Time In	Time Out	Details
TOTAL Hours:			

Family Living FULL Signature: _____ Family Living Relief FULL Signature: _____
Service Coordinator Signature: _____ Date: _____

