Appointments Psych (psy) Dental (d) Medical (m) Prosthetic (pt) Psychetic (pt) Psyc										WEE	EKLY	Y PF	ROG	RE	SS	NO	TES	<u> </u>								
Days of week	ALEGRIA	FAI	VIII	_Y	SE	RV	′IC	ES	ı				ELII	ΕF					•	Yea	ar:	2	01	4		
Appointments Psych (psy) Dential (ii) Medical (iii) Prosthetic (iii) Prost	Family Living Pr	ovide	er:							Individual's	Nam	e :			<u> </u>				Month	<u>:</u>						
Appointments Psych (psy) Dential (d) Medical (m) Proximite (d) Psych (psy) Dential (d) Medical (m) Psych (psych (psych (psy) Dential (d) Medical (m) Psych (psych (p	Days of week		S	М	Т	W	T	F	S	Days of week	S	М	Т	W	Т	F	S	Days	of week	S	М	Т	W	T	F	S
Start / Stop Times		edical								(note type) BSC-OT								Day Ha X = Worl H= H	abilitation ked/Attended loliday							
Interactions SUN (date) MON (date) TUES date) WED (date) THURS (date) SAT (date) SAT (date) Out of Home (Brief Description of How FLP Assisted In Activity - As Needed) Start / Stop Times In the Home (Brief Description of How FLP Assisted In Activity Every Day) Start / Stop Times In the Home (Brief Description of How FLP Assisted In Activity Every Day)	Significant Incider (attach report and note or next page))	<u>nt</u>								Case mgr (CM) Service Coord.(SC)								X = A H= H	Attended Holiday							
Out of Home (Brief Description of How FLP Assisted In Activity - As Needed) Start / Stop Times In the Home (Brief Description of How FLP Assisted In Activity Every Day) Start / Stop Times Provider's FULL Signature	Fire/Evacuation Dr	<u>ill</u>																								
(Brief Description of How FLP Assisted In Activity - As Needed) Start / Stop Times In the Home (Brief Description of How FLP Assisted In Activity Every Day) Start / Stop Times Provider's FULL Signature	Interactions	SUN (c	date <u>)</u>		_	MON (d	ate)		TU	JES date)	WED	(date)_			THUI	RS (da	te)		FRI date)		. S	SAT (c	ate <u>)</u>			
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(Brief Description of How FLP Assisted In Activity Every Day) Start / Stop Times Provider's FULL Signature	Start / Stop Times																									
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ALEGRIA FAMILY SERVICES	FAMILY LIVING RELIEF	Year: 2014
Family Living Relief:	Individual's Name :	Month:

Tanniy Liv	ing Kener	•		murviduai 3 Name.	Monar.
Date(s)	Time In	Time Out	Details		
TOTAL H	ours:				
Family Livir	ng FULL S	Signature:		Family Living Relief FULL Signature:	
Service Coordinator Signature:			:	Date:	

ALEGRIA FAMILY SERVICES

SUMMARY OF SIGNIFICANT OR UNUSUAL EVENTS

(Behavioral issues, skill development, unusual incidents, and or meaningful activities)

Year:	2014
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Family Living Pro	vider:	Individual's Name :	Montn:				
Date(s)	Details						
	Family Living Provide	r FULL Signature:					
			Continue on a separate sheet	if more documentation is required			