

MORC - Community Living Supports Log - Personal Residence (Unlicensed) - Paid in 15 Minute Intervals (H2015)

Name of Person: _____ MORC Case # _____

CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:

Food Preparation	Laundry	Routine Household Care	Act. Of Daily Living	Shopping	Money Skills	Socialization Relationship Building	Transport to/from Community Activity	Leisure Choice	Participation in Community Activity	Medical Appointment Attended	Healthcare Treatments	Monitor Self-Adminstration of Medication	Monitor & Protect Health & Safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Date: _____ Start Time: _____ Stop Time: _____ Location: Home Community: _____

Note: _____

Staff Signature: _____ Title: _____ Date: _____

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