

**MORC - Community Living Supports Log - Personal Residence (Unlicensed) - Per Diem (H0043)**

<b>Name of Person:</b>	<b>MORC Case #</b>
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<b>CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:</b>													
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-Administration 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:**

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**Staff Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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