

The Arc of Oakland County – **Community Living Supports Log (CLS)** – Personal Residence (Unlicensed) – Paid in 15 Minute Intervals (H2015)

Name of Individual Receiving Services: _____

MORC MRN: _____

DATE:		Start Time:		Stop Time:		Location(s): Home <input type="checkbox"/> Community <input type="checkbox"/> : _____						
CLS: Reminding / Observing / Guiding / Assisting / Supporting / Training the Individual with:												
Food Prep <input type="checkbox"/>	Laundry <input type="checkbox"/>	Routine Household Care <input type="checkbox"/>	Activities of Daily Living <input type="checkbox"/>	Shopping <input type="checkbox"/>	Money Management <input type="checkbox"/>	Socialization Relationship Building <input type="checkbox"/>	Transportation to Community Activity <input type="checkbox"/>	Non-Medical Care <input type="checkbox"/>	Leisure Choice & Community Act. Particip. <input type="checkbox"/>	Med. Appt. Attendance <input type="checkbox"/>	Monitor & Protection / Health & Safety <input type="checkbox"/>	Monitor Self-Administration Medication <input type="checkbox"/>
Staff Notes:												

Staff Signature: _____ Date: _____

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