

Client _____ Today's Date _____

CAFE DSP _____ Time With Client _____ ☐AM/☐PM to _____ ☐AM/☐PM

Community Support Service Provided CS-1 Self Care/ADL's CS-2 Mobility CS-3 Medication Administration CS-4 Independent Living Skills CS-5 Accessing Community Events/Activities CS-6 Accessing Community Resources CS-7 Job Preparedness CS-8 Interpersonal Skills CS-9 Safety Skills CS-10 Activity and Physical Exercise CS-11 Communication CS-12 Spiritual/Religious Activities CS-13 Personal Development/Learning CS-14 Building Unpaid Relationships	Support Needed A. None B. Monitoring C. Prompting D. Some Physical Assistance E. Total Assistance PCP goals are listed on each person's Cover Sheet. Activity Narrative must correlate to the PCP Goal. Use initials to list the Community Support Service[s]. Use initials to document the Support Needed.
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PCP Goal[s] Addressed _____	Time _____ to _____
Activity Narrative	
<hr/> <hr/> <hr/> <hr/> <hr/>	
Community Support Service[s] Provided _____	Support Needed _____

PCP Goal[s] Addressed _____	Time _____ to _____
Activity Narrative	
<hr/> <hr/> <hr/> <hr/> <hr/>	
Community Support Service[s] Provided _____	Support Needed _____

PCP Goal[s] Addressed _____	Time _____ to _____
Activity Narrative	
<hr/> <hr/> <hr/> <hr/> <hr/>	
Community Support Service[s] Provided _____	Support Needed _____

Use Reverse for Additional Notes

DSP Signature _____