

Home Support Documentation**Choices are For Everyone, Inc.**

Client _____ Today's Date _____

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

Indicate here if you are a Shared Living Provider _____ or Respite Provider _____

Home Support Service Provided

HS-1 Self Care/ADL's
HS-2 Mobility
HS-3 Medication Administration
HS-4 Independent Living Skills
HS-5 Accessing Community Events/Activities
HS-6 Accessing Community Resources
HS-7 Meal Planning and Preparation
HS-8 Interpersonal Skills/Communication
HS-9 Safety and Supervision
HS-10 Activity and Physical Exercise
HS-11 Transportation
HS-12 Spiritual/Religious Activities
HS-13 Personal Development/Learning
HS-14 Money Management

Support Needed

A. None
B. Monitoring
C. Prompting
D. Some Physical Assistance
E. Total Assistance

PCP goals are written/listed in current Plan.

Narrative must correlate to the PCP Goal[s].

Use initials to list the Home Support Service[s].

Use initials to document the Support Needed.

PCP Goal[s] Addressed _____ Time _____ to _____

Narrative _____

Home Support Service[s] Provided _____ Support Needed _____

PCP Goal[s] Addressed _____ Time _____ to _____

Narrative _____

Home Support Service[s] Provided _____ Support Needed _____

PCP Goal[s] Addressed _____ Time _____ to _____

Narrative _____

Home Support Service[s] Provided _____ Support Needed _____

DSP Signature _____

PCP Goal[s] Addressed _____ Time _____ to _____
Narrative _____

Home Support Service[s] Provided _____ Support Needed _____

PCP Goal[s] Addressed _____ Time _____ to _____
Narrative _____

Home Support Service[s] Provided _____ Support Needed _____

PCP Goal[s] Addressed _____ Time _____ to _____
Narrative _____

Home Support Service[s] Provided _____ Support Needed _____

PCP Goal[s] Addressed _____ Time _____ to _____
Narrative _____

Home Support Service[s] Provided _____ Support Needed _____

Notes:

DSP Signature _____