



ABLE Residential

Daily Log Notes

Client Name: _____

Month: _____

Year: _____

	Day of the Month	Bathing/Shower Assistance	Hygiene Assistance	Laundry	Exercise/Community Recreation	Social Interactions (non-day prog.)	Dining Out	Money Management	Home Leisure Activities	Grocery Shopping & Meal Prep	Social Interactions with Family / Friends	Other
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Please document level of support provided in each category:

VP: Staff Provided Verbal Prompting

S: Staff Provided Supervision

NA: Not Applicable, Did not complete that day

PA: Staff Provided Physical Assistance

I: Client Completed Independently

Host Home Provider/Family Care Giver Signature: _____