



# ABLE Residential -Community Integration

Client Name: \_\_\_\_\_

Month and Year: \_\_\_\_\_

Day of the Month	Where did the individual choose to go today? (Outside of Day Program or Work)	What Activities did the individual choose to do today? (outside of Day program or Work)	What supports were needed for the activity the individual chose?
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
26			
27			
28			
29			
30			
31			

*Please only document if the individual chose to stay home or where in the community the individual chose to go to. Example for supports would be transportation, communication with community members, money management, safety skills, mobility assistance or note if there were other supports needed. DO NOT INCLUDE TAGALONG ACTIVITIES (for example, going grocery shopping with you when they have no alone time does not count)*

**Host Home Provider/Family Care Giver Signature:** \_\_\_\_\_