

SPECIALIZED RESIDENTIAL PROGRESS NOTES

CMHCM-1068

Instructions:

Complete consumer information. Check whether **Licensed Group Home** or **Licensed Family Home**.

For **Start** and **Stop Time** include for that shift for a licensed home or leave blank if a family home.

Use the legend to designate the level of assistance provided to fill in the blanks next to the types of supports under Community Living Supports or Personal Care Supports. Code under Community Living Supports when the level of assistance is independent, monitoring or prompting. Code under Personal Care Supports when the level of assistance is any hands on care including assist, hand-over-hand and total care.

I = Independent: No help or oversight provided by staff.

M = Monitoring: Oversight provided by staff.

VP = Verbal Prompts: Encouragement or cueing provided by staff.

PA = Physical Assist: Physical assistance provided by staff.

HOH = Hand-Over-Hand: Received physical help in guided maneuvering of limbs or other non-weight bearing assistance.

TC = Total Care: Full staff performance of activity.

H = Hospitalization: Consumer in hospital.

LOA = Leave of Absence: Consumer not at AFC overnight and is on leave of absence.

Staff filling out the form signs and dates and writes progress notes under the section completed to provide more detail on what level of supports staff provided and the response by the consumer.