

**Community Mental Health for Central Michigan  
SPECIALIZED RESIDENTIAL DAILY DATA**

Date: \_\_\_\_\_ Consumer Name: Jane Doe Case #: 123456 D.O.B.: 1/1/77

Month/Year: December 2017  Licensed Family Home  Licensed Group Home

I = Independent; M = Monitoring; VP = Verbal Prompts; PA = Physical Assist; HOH = Hand Over Hand; TC = Total Care;  
R = Refusal; H = Hospitalization; LOA = Leave of Absence:

|  | 31. | 30. | 29. | 28. | 27. | 26. | 25. | 24. | 23. | 22. | 21. | 20. | 19. | 18. | 17. | 16. | 15. | 14. | 13. | 12. | 11. | 10. | 9. | 8. | 7. | 6. | 5. | 4. | 3. | 2. | 1. |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|----|----|----|----|----|----|----|----|----|
| <b>Community Living Support<br/>(Monitors &amp; Prompts)</b> |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Medication Administration</b>                             |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Grocery Shopping</b>                                      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Menu Planning/Meal Preparation</b>                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Laundry/Housekeeping</b>                                  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Money Management</b>                                      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Health Care/Dental Appointments/ER Visit</b>              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Community Outings/Religious Services</b>                  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Symptom Management/Redirection Behaviors</b>              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Socialization</b>   |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Transportation</b>  |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Monitoring/Protection (Sleeping)</b>                      |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Time Management</b>                                       |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Midnight Shift Staff Initials</b>                         |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Day Shift Staff Initials</b>                              |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |
| <b>Afternoon Shift Staff Initials</b>                        |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |    |    |    |    |    |    |    |    |    |

| Staff Name Printed | Staff Initial | Staff Name Printed | Staff Initial | Staff Name Printed | Staff Initial |
|--------------------|---------------|--------------------|---------------|--------------------|---------------|
| Joe Smith          | JS            | Generic Name       | GN            |                    |               |
| Sam Jones          | SJ            |                    |               |                    |               |

Incorporate corresponding Data into Daily Progress Notes

**Community Mental Health for Central Michigan  
SPECIALIZED RESIDENTIAL DAILY DATA**

Date:                      Consumer Name: Jane Doe Case #: 123456 D.O.B.: 7/7/77

Month/Year: December 2017  Licensed Family Home  Licensed Group Home

**I = Independent: M = Monitoring: VP = Verbal Prompts: PA = Physical Assist: HOH = Hand Over Hand: TC = Total Care:  
R = Refusal: H = Hospitalization: LOA = Leave of Absence:**

|  | 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. |  |  |
|--|----|----|----|----|----|----|----|----|----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|--|--|
| <b>Personal Care Support</b><br><i>(Hands On &amp; Face to Face)</i> |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Personal Hygiene</b><br><i>(change clothes, wash hands/face)</i>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Bathing</b>   |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Dressing</b>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Toileting</b>   |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Medication Management/Self-Med Programs</b>                       |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Eating/Feeding</b>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Transferring</b><br><i>(between bed, chair, wheelchair)</i>       |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Ambulating</b>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Meal Preparation</b>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Laundry/Housekeeping</b>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Midnight Shift Staff Initials</b>                                 |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Day Shift Staff Initials</b>                                      |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Afternoon Shift Staff Initials</b>                                |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Staff Name Printed</b>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Staff Initial</b>   |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <i>Joe Smith</i>   |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <i>Sam Jones</i>   |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <i>Generic Name</i>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Staff Name Printed</b>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Staff Initial</b>   |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <i>JS</i>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <i>SJ</i>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <i>GN</i>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Staff Name Printed</b>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <b>Staff Initial</b>   |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <i>JS</i>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <i>SJ</i>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |
| <i>GN</i>  |    |    |    |    |    |    |    |    |    |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |     |  |  |

Incorporate corresponding Data into Daily Progress Notes

**PROGRESS NOTES**

Name: Jane Doe  
 CMH Number: 123456  
 Month/Year: December 2017

Staff: Please print your name then sign with your credentials after writing your note.

Example: Joe Smith *Joseph Smith, DSP*

| Date  | Start Time | Stop Time | BM Y/N | Notes   |
|-------|------------|-----------|--------|---|
| 12/15 | 7:00A      | 3:00p     | Y      | Woke Jane up to take her meds. She got a glass of water and needed no help to take them when handed to her. Jane chose what to eat from the breakfast choices. Monitored while she ate. Refused to dishes in the dishwasher. Got dressed to go to dentist Appt. Hand over hand to zip/button clothes & wash Hands. No concerns at the dentist. Came home, ate lunch, watched tv. Played game w/ housemates and took a nap. _____ Joe Smith <i>Joe Smith DSP</i>     |
| 12/15 | 3:00p      | 11:00p    | N      | On arrival, Jane was joking around with housemates. Passed meds at 4:00pm. Assisted Jane with Shower by putting appropriate amount of soap on washcloth and prompting to make sure she got soap out of her hair. Reminded her to put powder on after drying off. Put on PJ's independently. Jane chose milk with dinner. Made Christmas cards with housemates. Helped her put toothpaste on brush. Jane went to bed at 9:30pm. _____ Sam Jones <i>Sam Jones DSP</i> |
| 12/15 | 11pm       | 7AM       | N      | Jane asleep on arrival. Checked on her every 1/2 hour. She was up at 4:00Am to use bathroom. Assisted →   |

**PROGRESS NOTES**

Name: Jane Doe

CMH Number: 123456

Month/Year: December 2017

Staff: Please print your name then sign with your credentials after writing your note.

Example: Joe Smith Joseph Smith, DSP

| Date | Start Time | Stop Time | BM Y/N | Notes |
|------|------------|-----------|--------|-------|
|------|------------|-----------|--------|-------|

with clean up and back to bed. Laundry done. Prepped meals for tomorrow. Jane awake at 6:30AM watching tv. \_\_\_\_\_  
\_\_\_\_\_ generic name Generic/Name DSP

12/16 7AM 3pm