

Community Mental Health for Central Michigan
SPECIALIZED RESIDENTIAL DAILY DATA

Date: _____ Consumer Name: fake Jones Case #: 054321 D.O.B.: 3/4/56

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				
Personal Care Support (Hands On & Face to Face)																																			
Personal Hygiene (change clothes, wash hands/face)							HOH																												
Bathing							HOH																												
Dressing							PA																												
Toileting							PA																												
Medication Management/Self-Med Programs							-																												
Eating/Feeding							M																												
Transferring (between bed, chair, wheelchair)							M																												
Ambulating							M																												
Meal Preparation							TC																												
Laundry/Housekeeping							TC																												
Midnight Shift Staff Initials							JD																												
Day Shift Staff Initials																																			
Afternoon Shift Staff Initials																																			
Staff Name Printed																																			
Staff Initial							JD																												
Staff Name Printed																																			
Staff Initial																																			

Incorporate corresponding Data into Daily Progress Notes

