

Home and Community-based Services  
**Host/Companion Service Delivery Log**

Individual Name (First, Last)	Location	Local Case No./Case ID	Week Of
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At the end of the day, mark (initial or check) all items that you completed with the individual. If there were any incidents, concerns or special events, document on the bottom of the form.

mm/dd/yy	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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**Activities of Daily Living**

Bathing							
Dressing							
Personal Hygiene							
Eating							
Meal Planning							
Meal Preparation							
Housekeeping							

**Habilitation**

Develop and Improve Independent Living Skills							
Community Integration							
Develop Socially Valued Behaviors							
Use of Natural Supports							
Participate in Leisure Activities							
IP Skill Development							

**Assisting With**

Ambulation and Mobility							
Administration of Medication							
Reinforcing Specialized Therapies							
Transportation							
Supervising Safety and Security							
Monitoring Health							
Monitoring Personal Hygiene							

**Not in Home**

Temporary Discharge							
Active on Leave							
<b>Host/Companion Initials</b>							

Date	Initials	Comments

<b>Host/Companion Printed Name</b>	<b>Host/Companion Staff Signature</b>	Staff ID