

# MORC - Community Living Supports Log - Personal Residence (Unlicensed) - Per Diem (H0043)

Name of Person: \_\_\_\_\_ MORC Case # \_\_\_\_\_

**CLS: Reminding, Observing, Guiding, Assisting, Supporting and/or Training the Person with:**

Food Preparation	Laundry	Routine Household Care	Act. Of Daily Living	Shopping	Money Skills	Socialization Relationship Building	Transport to/from Community Activity	Leisure Choice	Participation in Community Activity	Medical Appointment Attended	Healthcare Treatments	Monitor Self-Administration of Medication	Monitor & Protect Health & Safety
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Service Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ Stop Time: \_\_\_\_\_ Location: Home  Community:

Note: \_\_\_\_\_

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Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

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