

MORC Community Living Supports Log – Personal Residence (Unlicensed) – Paid in 15 Minute Intervals (H2015)

NAME: _____ MORC # _____
 Date: _____ Start Time: _____ Stop Time: _____ Location(s): Home: Community:

CLS: Reminding/Observing/Guiding/Assisting/Supporting/Training the Person with:

Food Prep. <input type="checkbox"/>	Laundry <input type="checkbox"/>	Routine Household Care <input type="checkbox"/>	Activities of Daily Living <input type="checkbox"/>	Shopping <input type="checkbox"/>	Money Management <input type="checkbox"/>	Socialization Relationship Building <input type="checkbox"/>	Transportation to Community Activity <input type="checkbox"/>	Non-Medical Care <input type="checkbox"/>	Leisure choice & Community Act. Particip. <input type="checkbox"/>	Med. Appt Attendance <input type="checkbox"/>	Monitor & Protection Health and Safety <input type="checkbox"/>	Monitor Self-Administration of Medication <input type="checkbox"/>
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Staff Signature(s)/Title: _____ Date: _____

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