

# The New Beginnings, LLC



## Family Living Daily Narrative



**Individual:** \_\_\_\_\_ **FLP Name:** \_\_\_\_\_ (print full name)\_

<b>Date:</b>	<b>Incidents:</b>
<b>Dr. Appointments:</b>	<b>Therapy Visits:</b>
(time in) <b>12:00 AM</b> - (time out) _____	(time in) _____ - (time out) _____ (time in) _____ - <b>11:59PM</b>
<b>Check all that apply:</b>	
<input type="checkbox"/> Day Hab / Work <b>Time In:</b> _____ <b>Time Out:</b> _____ <input type="checkbox"/> Substitute Care <b>Time In:</b> _____ <b>Time Out:</b> _____ (initials of Sub Care.) _____ <input type="checkbox"/> Substitute Care <b>Time In:</b> _____ <b>Time Out:</b> _____ (initials of Sub Care.) _____	
<input type="checkbox"/> <b>Breakfast:</b> (Prompt): _____ <input type="checkbox"/> <b>Ate/Packed Lunch:</b> (Prompt) _____ <input type="checkbox"/> <b>Ate Dinner</b> (Prompt) _____ <input type="checkbox"/> <b>Asst. w/Meds:</b> Y / N	
<input type="checkbox"/> <b>Bathing:</b> Y / N (Prompt) _____ <input type="checkbox"/> <b>Oral Hygiene:</b> (Prompt) _____ <input type="checkbox"/> <b>Grooming</b> (Prompt) _____ <input type="checkbox"/> <b>Cleaned Room:</b> Y / N (Prompt) _____ <input type="checkbox"/> <b>Did Laundry:</b> Y / N (Prompt) _____	
<b>Daily Outings/Activities-</b> _____	
<b>Significant Changes / Events:</b>	
<b>► Family Living Signature:</b>	

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<b>Dr. Appointments:</b>	<b>Therapy Visits:</b>
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<b>Significant Changes / Events:</b>	
<b>► Family Living Signature:</b>	

### Prompts Legend:

V (Verbal), Md. (Modeling), I (Independent), P (Physical), T (total Assistance), R (Refusal)