



# The New Beginnings



Substitute care I  Respite I  Customized Community Supports I  Customized In Home Supports

Individual's Name:	Month:	Year:
Please document your activities participated in on your shift.		
Date:		
Time In:		
Time Out:		
Total Hours:		
Time In:		
Time Out:		
Total Hours:		
Staff Signature:		
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Comments:

Therapy Visits-(Please list therapy (BT, PT, OT, SLP) received, date and time.)	Documentation	√
	Doctor Visits	
	Incident Reports	
	VTA (Work) Completed	

Thank You!

\_\_\_\_\_  
House Manager Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Service Coordinator Signature :

\_\_\_\_\_  
Date: