



J. Arthur Trudeau Memorial Center

"Promoting an enhanced quality of life for individuals with developmental disabilities"

Shared Living Program Monthly Progress Report

Name of Individual: _____

Home Contractor: _____

Month of: _____ Year: _____

Briefly describe what happened this month, including progress of goals, work issues, medical issues, special events, accomplishments etc.

ACTIVITIES: _____

HOME: _____

WORK: _____

All visits to a walk in or Emergency room need to be reported to your assigned Coordinator Immediately.

Jessica Wilcox- 524-1018 Amber Wood 338-4861 Cathy D'Andrea 212-0876

Office # 739-2700 - Jessica ext.250 Amber ext.260 Cathy ext.203

MEDICAL: Please Report Medication changes immediately and document below. Interagency forms need to be completed for all medical care and submitted to your assigned Coordinator.

Monthly Fire/Smoke Alarms & Carbon Monoxide check completed? _____ (must be checked!)

Batteries changed in Alarms? _____yes _____no

Check the expiration date on Fire Extinguisher? _____

If expired did you replace? Yes ____ No____

CONCERNS/THOUGHTS/UPCOMING IMPORTANT INFORMATION:

Shared Living Contractor: _____ Date _____

Assigned Coordinator: _____ Date _____
