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 __________________