TEXAS Health and Human Services

Form 4122
November 2018-E

Home and Community-based Services

Host Home/Companion Care Service Delivery Log

Individual Name (First, Last)	Location	Local Case No./Case ID	Week Of

At the end of the day, initial all items that you completed with the individual. If there were any incidents, concerns or special events, document on the bottom of the form.

mm/dd/yy	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Activities of Daily Living							
Bathing							
Dressing							
Personal Hygiene							
Eating							
Meal Planning							
Meal Preparation							
Housekeeping							
Habilitation							
Develop and Improve Independent Living Skills							
Community Integration							
Develop Socially Valued Behaviors							
Use of Natural Supports							
Participate in Leisure Activities							
IP Skill Development							
Assisting With							
Ambulation and Mobility							
Administration of Medication							
Reinforcing Specialized Therapies							
Transportation							
Supervising Safety and Security							
Monitoring Health							
Monitoring Personal Hygiene							
Not in Home							
Temporary Discharge							
Active on Leave							
Host Home/Companion Care Initials							

Date	Initials	Comments

Host Home/Companion Care Printed Name	Host Home/Companion Care Staff Signature