Service Delivery Log

SUPPORTED LIVING SERVICES · ALL TOGETHER WE CAN, LLC

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Confidential — contains protected health information

2026–2027 EDITION

1 SHIFT INFORMATION

CLIENT NAME | UCI / CASE # | DATE OF SERVICE | LOCATION OF SERVICE

STAFF NAME AND TITLE | TIME IN | BREAK OUT | BREAK IN | TIME OUT | TOTAL HOURS

SERVICE CATEGORY FOR THESE HOURS

☐ Training (TRA) ☐ Personal assistance ☐ Both

SHIFT TYPE

☐ Day ☐ Evening ☐ Overnight

2 SERVICES AND ACTIVITIES PROVIDED THIS SHIFT

HOW TO COMPLETE THIS SECTION

Check only the activities actually provided during this shift, then record what happened in Section 5. A checkmark with no matching progress note does not support the hours claimed.

HEALTH AND MENTAL AWARENESS

- ☐ Attending doctor visits
- ☐ Brushing teeth
- ☐ Showering / grooming
- ☐ Medication support
- ☐ MAR sheet completed
- ☐ Picking up medication
- ☐ Fitness / exercise
- ☐ _____

SOCIAL SKILLS AND ANGER MANAGEMENT

- ☐ Communication skills
- ☐ Setting boundaries
- ☐ Positive reinforcement
- ☐ Mutual respect
- ☐ Practicing saying "no"
- ☐ Coping strategies used
- ☐ Self-advocacy
- ☐ _____

MEAL PLANNING AND PREPARATION

- ☐ Planning meals for the week
- ☐ Grocery shopping
- ☐ Assisting with cooking
- ☐ Prepping food for the day
- ☐ Washing / defrosting / cutting
- ☐ Kitchen safety practice
- ☐ Nutrition education
- ☐ _____

HOUSEHOLD ACTIVITIES

- ☐ Mopping
- ☐ Sweeping / vacuuming
- ☐ Dusting
- ☐ Making the bed
- ☐ Dishes
- ☐ Laundry
- ☐ Yard work
- ☐ _____

MONEY MANAGEMENT

- ☐ Making a budget
- ☐ Tracking spending
- ☐ Counting money
- ☐ Paying bills
- ☐ Identifying theft / scams
- ☐ Learning money value
- ☐ Banking / savings
- ☐ _____

COMMUNITY AWARENESS AND SAFETY

- ☐ Visiting the library
- ☐ Shopping at local markets
- ☐ Safety with strangers
- ☐ Recreation activities
- ☐ Emergency drill
- ☐ Mobility / travel training
- ☐ Home safety check
- ☐ _____

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3 HEALTH, MEDICATION AND APPOINTMENTS

MEDICATION SUPPORT PROVIDED THIS SHIFT?

☐ Y ☐ N ☐ MAR initialed ☐ Client refused

APPOINTMENT ATTENDED (TYPE AND PROVIDER)

HEALTH CHANGES, SYMPTOMS OR PROVIDER INSTRUCTIONS OBSERVED THIS SHIFT

4 BEHAVIOR AND INCIDENTS

BEHAVIOR OF CONCERN OR INCIDENT THIS SHIFT?

☐ Y ☐ N

SPECIAL INCIDENT REPORT REQUIRED?

☐ Y ☐ N ☐ SIR submitted

SUPERVISOR NOTIFIED — NAME AND TIME

DESCRIPTION, ANTECEDENT, STAFF RESPONSE AND OUTCOME

5 NOTES, PROGRESS AND FOLLOW-UP FOR NEXT SHIFT

Write what you saw. "Prompted twice to check the list, then found all six items on his own" is a progress note. "Worked on shopping" is not.

6 CERTIFICATION

The staff member certifies that the services checked and described above were personally provided on the date and during the hours recorded, and that this log is accurate and complete. The client confirms services were received.

CLIENT SIGNATURE	DATE	STAFF NAME, TITLE AND SIGNATURE	DATE

All Together We Can, LLC · Supported Living Services · Confidential Client Record

File this log in the client's confidential record. Do not email it unencrypted or leave copies in vehicles or unsecured locations.

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