



ADULT DAY CARE PROGRAM MONTHLY PROGRESS REPORT

Agency: _____

Customer's Name: _____

Month of: _____ Case Number: _____

Goals and Objectives (Care Plan):

Customer Transportation Provided: Yes No

Services Provided: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Personal Care, Hygiene, Self-care | <input type="checkbox"/> Social Interaction |
| <input type="checkbox"/> Physical Activities | <input type="checkbox"/> Leisure Time and Recreational Activities |
| <input type="checkbox"/> Medical Assistance | <input type="checkbox"/> Teaching Skills |
| <input type="checkbox"/> Meals and Snacks | <input type="checkbox"/> Other* |

* Please Specify: _____

Recommended Changes to Goals and Objectives (Care Plan):

Services Interrupted: Yes No

Reason for Interruption: _____

Customer Attendance Record in Hours: Month/Year: _____

1.	2.	3.	4.	5.	6.	7.
8.	9.	10.	11.	12.	13.	14.
15.	16.	17.	18.	19.	20.	21.
22.	23.	24.	25.	26.	27.	28.
29.	30.	31.				

Yes No During the reporting period a report to the Office of Inspector General (OIG) was made about an Incident of abuse, neglect and financial exploitation regarding this customer/consumer.

Additional Comments: _____

Vendor Signature: _____ Date: _____