

Circle of Support, Inc.

Daily Case Notes

Client Name: _____ Program: CILA/Waiver Program

Instructions: Describe any activities completed related to individual's outcomes in the implementation strategy. Note any future plans, unusual behaviors, and change of conditions. Be sure to document any concerns, then contact Program Manager. Sign name and title after each entry.

Notes		
Date	How is the individual when the CSS arrived:	Print Name/Signature/Title
	CSS train/teach the individual on:	
	Outdoor Activities:	
	Indoor Activities:	
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