## Statewide Healthcare LLC

Compassionate Care

2130 S. Academy Blvd #103

Colorado Springs, CO 80916-2479

P (719)-434-1513 F (719)-434-8215

Name of Person		
Month		
Year		
Service Category and Description	<b>Supported Community Connection</b> : Enables persons to access typical activities and of daily life. These activities are conducted in the community individually or in groun Documentation must show how the person is being supported to make facilitate are relationships and natural supports in the community.	ps.
Date of Service		
Begin Time	<i>b</i> .	
End Time	R. Comment of the com	
Total Time Duration		.,
Health and Safety Risks Documentation	Statewide Healthcare LLC conducts and documents onsite visits at the physical facilities they visit (L stores, parks, etc) to assure any recognizable safety or health hazards that could jeopardize health addressed  Were areas assessed for possible health and safety risks  If any risks were identified, how were they addressed?	ibrary, museum, and safety were
Details/Goals from Service Plan		
How was the community used as a learning environment	What skills were developed or worked on today in the community?	
What interactions did the person have with members of the community	Providers will encourage and promote interactions with community members whenever possible to be and natural supports in the person's community.	uild relationships
what did you do, how did	u spent your time together today providing Supported Community Connections: (who id you promote and encourage interaction with community members, describe any reapportunities to build natural supports, along with any additional supports or commen.	elationship
		-
Signature of Client ,	/ Client's Guardian Date	
Signature of Caregi	iver Date	