

RECOVERY RESIDENT DOCUMENTATION

Resident Name _____ Facility Name _____ Internal ID Number _____ Week of _____

DATE	ACTIVITIES	
	Please list daily activities conducted including all activities within the residence.	
Monday ____/____/____	Prepared/Cooked Meal of Day: _____ Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Meal Prepared By: _____	Daily Activities:
Tuesday ____/____/____	Prepared/Cooked Meal of Day: _____ Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Meal Prepared By: _____	Daily Activities:
Wednesday ____/____/____	Prepared/Cooked Meal of Day: _____ Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Meal Prepared By: _____	Daily Activities:
Thursday ____/____/____	Prepared/Cooked Meal of Day: _____ Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Meal Prepared By: _____	Daily Activities:
Friday ____/____/____	Prepared/Cooked Meal of Day: _____ Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Meal Prepared By: _____	Daily Activities:
Saturday ____/____/____	Prepared/Cooked Meal of Day: _____ Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Meal Prepared By: _____	Daily Activities:
Sunday ____/____/____	Prepared/Cooked Meal of Day: _____ Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Meal Prepared By: _____	Daily Activities:

I hereby certify that the information provided is accurate and true to the best of my knowledge. I also certify that I was physically present overnight for the above.

Resident _____ Date _____ Provider Representative _____ Date _____