

## 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.
<b>Monday</b> ___/___/___	
<b>Tuesday</b> ___/___/___	
<b>Wednesday</b> ___/___/___	
<b>Thursday</b> ___/___/___	
<b>Friday</b> ___/___/___	
<b>Saturday</b> ___/___/___	
<b>Sunday</b> ___/___/___	

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