

# RECOVERY RESIDENT DOCUMENTATION

Resident Name \_\_\_\_\_ Facility Name \_\_\_\_\_ Internal ID Number \_\_\_\_\_ Week of \_\_\_\_\_

DATE	ACTIVITIES	
<b>Monday</b>	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (in-house)</b> <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Work</b> Shift start: _____ Shift end: _____ <input type="checkbox"/> <b>Breakfast provided by Recovery Residence</b>
_/_/___	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (off-site) at:</b> _____ <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Lunch provided by Recovery Residence</b> <input type="checkbox"/> <b>Dinner provided by Recovery Residence</b> <input type="checkbox"/> <b>Overnight Pass (not billable)</b>
	<input type="checkbox"/> <b>Routine Activities of Daily Living</b> <input type="checkbox"/> <b>AA/NA</b>	<input type="checkbox"/> <b>Day Pass</b> <input type="checkbox"/> <b>Other:</b> _____
<b>Tuesday</b>	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (in-house)</b> <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Work</b> Shift start: _____ Shift end: _____ <input type="checkbox"/> <b>Breakfast provided by Recovery Residence</b>
_/_/___	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (off-site) at:</b> _____ <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Lunch provided by Recovery Residence</b> <input type="checkbox"/> <b>Dinner provided by Recovery Residence</b> <input type="checkbox"/> <b>Overnight Pass (not billable)</b>
	<input type="checkbox"/> <b>Routine Activities of Daily Living</b> <input type="checkbox"/> <b>AA/NA</b>	<input type="checkbox"/> <b>Day Pass</b> <input type="checkbox"/> <b>Other:</b> _____
<b>Wednesday</b>	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (in-house)</b> <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Work</b> Shift start: _____ Shift end: _____ <input type="checkbox"/> <b>Breakfast provided by Recovery Residence</b>
_/_/___	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (off-site) at:</b> _____ <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Lunch provided by Recovery Residence</b> <input type="checkbox"/> <b>Dinner provided by Recovery Residence</b> <input type="checkbox"/> <b>Overnight Pass (not billable)</b>
	<input type="checkbox"/> <b>Routine Activities of Daily Living</b> <input type="checkbox"/> <b>AA/NA</b>	<input type="checkbox"/> <b>Day Pass</b> <input type="checkbox"/> <b>Other:</b> _____
<b>Thursday</b>	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (in-house)</b> <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Work</b> Shift start: _____ Shift end: _____ <input type="checkbox"/> <b>Breakfast provided by Recovery Residence</b>
_/_/___	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (off-site) at:</b> _____ <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Lunch provided by Recovery Residence</b> <input type="checkbox"/> <b>Dinner provided by Recovery Residence</b> <input type="checkbox"/> <b>Overnight Pass (not billable)</b>
	<input type="checkbox"/> <b>Routine Activities of Daily Living</b> <input type="checkbox"/> <b>AA/NA</b>	<input type="checkbox"/> <b>Day Pass</b> <input type="checkbox"/> <b>Other:</b> _____
<b>Friday</b>	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (in-house)</b> <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Work</b> Shift start: _____ Shift end: _____ <input type="checkbox"/> <b>Breakfast provided by Recovery Residence</b>
_/_/___	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (off-site) at:</b> _____ <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Lunch provided by Recovery Residence</b> <input type="checkbox"/> <b>Dinner provided by Recovery Residence</b> <input type="checkbox"/> <b>Overnight Pass (not billable)</b>
	<input type="checkbox"/> <b>Routine Activities of Daily Living</b> <input type="checkbox"/> <b>AA/NA</b>	<input type="checkbox"/> <b>Day Pass</b> <input type="checkbox"/> <b>Other:</b> _____
<b>Saturday</b>	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (in-house)</b> <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Work</b> Shift start: _____ Shift end: _____ <input type="checkbox"/> <b>Breakfast provided by Recovery Residence</b>
_/_/___	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (off-site) at:</b> _____ <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Lunch provided by Recovery Residence</b> <input type="checkbox"/> <b>Dinner provided by Recovery Residence</b> <input type="checkbox"/> <b>Overnight Pass (not billable)</b>
	<input type="checkbox"/> <b>Routine Activities of Daily Living</b> <input type="checkbox"/> <b>AA/NA</b>	<input type="checkbox"/> <b>Day Pass</b> <input type="checkbox"/> <b>Other:</b> _____
<b>Sunday</b>	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (in-house)</b> <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Work</b> Shift start: _____ Shift end: _____ <input type="checkbox"/> <b>Breakfast provided by Recovery Residence</b>
_/_/___	<input type="checkbox"/> <b>Mental Health/Addictions Treatment (off-site) at:</b> _____ <input type="checkbox"/> Therapy <input type="checkbox"/> Skills Training <input type="checkbox"/> Case Management <input type="checkbox"/> Other: _____	<input type="checkbox"/> <b>Lunch provided by Recovery Residence</b> <input type="checkbox"/> <b>Dinner provided by Recovery Residence</b> <input type="checkbox"/> <b>Overnight Pass (not billable)</b>
	<input type="checkbox"/> <b>Routine Activities of Daily Living</b> <input type="checkbox"/> <b>AA/NA</b>	<input type="checkbox"/> <b>Day Pass</b> <input type="checkbox"/> <b>Other:</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

\_\_\_\_\_  
Provider Representative