

Consumer	Provider(s)	Support Coordinator – City	Month / Year

For each day of service, place a checkmark for every task performed.

List of Tasks	1	2	3	4	5	6	7	8	9	1	1	1	1	1	1	1	1	1	1	1	2	2	2	2	2	2	2	2	2	2	3	3						
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9	0	1						

**Monthly Summary:**

Behavior (Positive or Negative): \_\_\_\_\_  
 \_\_\_\_\_

Medical (Skin integrity, Dr Visits, Medication change, General health): \_\_\_\_\_  
 \_\_\_\_\_

Additional Information (Quality of life, other news for the Support Coordinator): \_\_\_\_\_  
 \_\_\_\_\_

Total Attendant Care hours provided this month: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A Brighter Avenue Staff Only - Date Report sent to DDD: \_\_\_\_\_