

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 ___/___/___	
Tuesday ___/___/___	
Wednesday ___/___/___	
Thursday ___/___/___	
Friday ___/___/___	
Saturday ___/___/___	
Sunday ___/___/___	

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