

RECOVERY RESIDENT DOCUMENTATION

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

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

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