

## RECOVERY RESIDENT DOCUMENTATION

Resident Name	Facility Name	Internal ID Number	Week of
DATE(S)	ACTIVITIES		
<b>MONDAY</b>	<input type="checkbox"/> Mental Health/Addictions Treatment [In-House/Off-Site] Location: _____ ♦ Therapy   ♦ Skills Training   ♦ Case Management   ♦ Other: _____ <input type="checkbox"/> Routine Daily Living Activities [Showering, Shopping, etc.] <input type="checkbox"/> AA/NA Meeting [Location: _____] <input type="checkbox"/> Work Shift Start: _____ Shift End: _____		<input type="checkbox"/> Day Pass <input type="checkbox"/> Overnight Pass [Non-Billable Stay]  **Prepared/Cooked Meal of Day: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner ** Meal Prepared By: _____
<b>TUESDAY</b>	<input type="checkbox"/> Mental Health/Addictions Treatment [In-House/Off-Site] Location: _____ ♦ Therapy   ♦ Skills Training   ♦ Case Management   ♦ Other: _____ <input type="checkbox"/> Routine Daily Living Activities [Showering, Shopping, etc.] <input type="checkbox"/> AA/NA Meeting [Location: _____] <input type="checkbox"/> Work Shift Start: _____ Shift End: _____		<input type="checkbox"/> Day Pass <input type="checkbox"/> Overnight Pass [Non-Billable Stay]  **Prepared/Cooked Meal of Day: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner ** Meal Prepared By: _____
<b>WEDNESDAY</b>	<input type="checkbox"/> Mental Health/Addictions Treatment [In-House/Off-Site] Location: _____ ♦ Therapy   ♦ Skills Training   ♦ Case Management   ♦ Other: _____ <input type="checkbox"/> Routine Daily Living Activities [Showering, Shopping, etc.] <input type="checkbox"/> AA/NA Meeting [Location: _____] <input type="checkbox"/> Work Shift Start: _____ Shift End: _____		<input type="checkbox"/> Day Pass <input type="checkbox"/> Overnight Pass [Non-Billable Stay]  **Prepared/Cooked Meal of Day: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner ** Meal Prepared By: _____
<b>THURSDAY</b>	<input type="checkbox"/> Mental Health/Addictions Treatment [In-House/Off-Site] Location: _____ ♦ Therapy   ♦ Skills Training   ♦ Case Management   ♦ Other: _____ <input type="checkbox"/> Routine Daily Living Activities [Showering, Shopping, etc.] <input type="checkbox"/> AA/NA Meeting [Location: _____] <input type="checkbox"/> Work Shift Start: _____ Shift End: _____		<input type="checkbox"/> Day Pass <input type="checkbox"/> Overnight Pass [Non-Billable Stay]  **Prepared/Cooked Meal of Day: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner ** Meal Prepared By: _____
<b>FRIDAY</b>	<input type="checkbox"/> Mental Health/Addictions Treatment [In-House/Off-Site] Location: _____ ♦ Therapy   ♦ Skills Training   ♦ Case Management   ♦ Other: _____ <input type="checkbox"/> Routine Daily Living Activities [Showering, Shopping, etc.] <input type="checkbox"/> AA/NA Meeting [Location: _____] <input type="checkbox"/> Work Shift Start: _____ Shift End: _____		<input type="checkbox"/> Day Pass <input type="checkbox"/> Overnight Pass [Non-Billable Stay]  **Prepared/Cooked Meal of Day: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner ** Meal Prepared By: _____
<b>SATURDAY</b>	<input type="checkbox"/> Mental Health/Addictions Treatment [In-House/Off-Site] Location: _____ ♦ Therapy   ♦ Skills Training   ♦ Case Management   ♦ Other: _____ <input type="checkbox"/> Routine Daily Living Activities [Showering, Shopping, etc.] <input type="checkbox"/> AA/NA Meeting [Location: _____] <input type="checkbox"/> Work Shift Start: _____ Shift End: _____		<input type="checkbox"/> Day Pass <input type="checkbox"/> Overnight Pass [Non-Billable Stay]  **Prepared/Cooked Meal of Day: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner ** Meal Prepared By: _____
<b>SUNDAY</b>	<input type="checkbox"/> Mental Health/Addictions Treatment [In-House/Off-Site] Location: _____ ♦ Therapy   ♦ Skills Training   ♦ Case Management   ♦ Other: _____ <input type="checkbox"/> Routine Daily Living Activities [Showering, Shopping, etc.] <input type="checkbox"/> AA/NA Meeting [Location: _____] <input type="checkbox"/> Work Shift Start: _____ Shift End: _____		<input type="checkbox"/> Day Pass <input type="checkbox"/> Overnight Pass [Non-Billable Stay]  **Prepared/Cooked Meal of Day: _____ <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner ** Meal Prepared By: _____

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