

Participant Name: _____ Community Integration Services T2021 /T2021 TF /T2021 TG Provider: _____

Average time in service: _____ Supervision: _____ Week Start Date: _____ Week End Date: _____

Services should be furnished in any of a variety of settings in the community and are not limited to fixed-site facilities. Services may be provided up to five days a week. Activities and environments are designed to foster the acquisition of skills, appropriate behavior, greater independence, community networking, and personal choice. Making connections with community members is a strong component of this service provision.

Date	Day 1 _/_	Day 2 _/_	Day 3 _/_	Day 4 _/_	Day 5 _/_
Arrival Time	_____ AM PM				
Time in and out for other services	Out::_____ In:_____				
	Out::_____ In:_____				
Meds taken	Time _____ initials _____				
Meds taken	Time _____ initials _____				
Location/Activity <i>(Community outing/group activity etc.)</i>					
	Amount of time:				
Location/Activity <i>(Community outing/group activity etc.)</i>					
	Amount of time:				
Location/Activity <i>(Community outing/group activity etc.)</i>					
	Amount of time:				
Location/Activity <i>Community outing/group activity etc.)</i>					
	Amount of time:				
Location/Activity <i>Community outing/group activity etc.)</i>					
	Amount of time:				

