|  |  |
| --- | --- |
| **Member Details** | |
| Member Name |  |
| Member Phone Number |  |
| Caregiver Name & Phone Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SATURDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Activity/ Event |  | | |
| Location |  | | |
| Transportation Provided |  | Staff Support |  |
| Outcome/ Feedback |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **SUNDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Activity/ Event |  | | |
| Location |  | | |
| Transportation Provided |  | Staff Support |  |
| Outcome/ Feedback |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **MONDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Activity/ Event |  | | |
| Location |  | | |
| Transportation Provided |  | Staff Support |  |
| Outcome/ Feedback |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **TUESDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Activity/ Event |  | | |
| Location |  | | |
| Transportation Provided |  | Staff Support |  |
| Outcome/ Feedback |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **WEDNESDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Activity/ Event |  | | |
| Location |  | | |
| Transportation Provided |  | Staff Support |  |
| Outcome/ Feedback |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **THURSDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Activity/ Event |  | | |
| Location |  | | |
| Transportation Provided |  | Staff Support |  |
| Outcome/ Feedback |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **FRIDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| Activity/ Event |  | | |
| Location |  | | |
| Transportation Provided |  | Staff Support |  |
| Outcome/ Feedback |  | | |

**Types of Activities:** Social (e.g., parties, clubs), Recreational (e.g., parks, sports), Educational (e.g., classes, workshops), Employment-related (e.g., job fairs, interviews), Volunteer/Service (e.g., food banks, shelters)

**Feedback from Participants** *(Member’s words only)*

Ex. “I liked going to the art class because I met new people.” – [Name]

Ex. “I want to go to the library next time.” – [Name]

Member’s Response:

**Staff Signature & Attestation**

I attest that the above community engagement activities were conducted in alignment with the HCBS Settings Rule and reflect meaningful integration into the community.

Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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