

Client:																															
Provider:											Attendant Care Documentation																				
DDD Support Coordinator:													Month:						Year:												
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Care Areas																															
		-		<u> </u>	ļ													ļ							<u> </u>						
	╁			<u> </u>	-														_						$\square$	$\square$			$\dashv$	$\dashv$	
	+	-		-	┢	┢┈			<u> </u>	<u> </u>			_													$\vdash \vdash$					
	+								-																				$\dashv$	$\dashv$	
						1							-																$\dashv$	-	$\dashv$
											-																		$\neg$	$\neg$	
	igspace					<u> </u>							<u> </u>											_	$\bigsqcup$						_
																				i						<b></b>			$\dashv$	$\dashv$	[
																										$\dashv$	$\dashv$		$\dashv$	$\dashv$	$\dashv$
	╈																						-			-				$\dashv$	$\dashv$
																-								-				-		$\dashv$	$\dashv$
																	•		<del></del>		•										
Provider's Signature: Date: _												Par	ent's	nt's Signature:											Date:						

- = Provider Assisted

+ = Independent