



GREYSTOKE

Homes & Support Services Inc.



Monthly Evaluation for Persons Served Home Care Contract

Client: _____

Date: _____

Submitted by: _____

	N/A	Never 0	Rarely 1	Some- times 2	On Most Occasions 3	Always 4
ACTIVITIES OF DAILY LIVING						
1. Requires assistance with mobility						
2. Requires walking device						
3. Requires cueing for bathing and grooming						
4. Requires assistance for bathing and grooming						
5. Requires assistance to dress						
6. Requires assistance with elimination						
7. Requires incontinent briefs						
8. Requires assistance with morning routine						
9. Requires assistance with eating						
INSTRUMENTAL ACTIVITIES OF DAILY LIVING	N/A	Never 0	Rarely 1	Some- times 2	On Most Occasions 3	Always 4
1. Requires assistance with meal preparation.						
2. Requires assistance with communication						
3. Requires assistance/cueing to make appropriate choices						
4. Requires assistance/cueing in taking medication						
5. Requires assistance in making/attending appointments						
6. Requires assistance with travel/transportation						
BEHAVIOURS	N/A	Never 0	Rarely 1	Some- times 2	On Most Occasions 3	Always 4
1. Requires waking in the morning						
2. Wakes through the night						
3. Disruptive at night						
4. Requires assistance in making appropriate choices						

On a quarterly basis (March, June, Sept and December), staff shall re-inform persons served of his/her rights:

Person Served re-informed of his/her rights

Date: _____ (March, June, September, December)

Please complete other side of this page

Client: _____

Date: _____

Submitted by: _____

Please provide the following details concerning the person served in your care.

During the month this report covers:

Additional Information:	Yes	No	# of days	Follow up required
1. Did the person served require hospitalization?				
2. Did the person served experience any Seizure Activity?				
3. Did the person served participate in the community at least twice each week?				
4. Were there any unanticipated occurrences?				

Comments:

1. *List the activities that the person served participated in this month.*

2. *Comment on any changes (positive or negative) that you noted this month.*

***Reports are to be submitted to the Greystoke Office
on the 1st business day of following month.***