

P.C.A .PLUS INC.  
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 Provider # 692601196

Individuals Name: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Service Provided-*Supported Living Coaching*

Individual/Guardian Initial Here

	Date	Start	End	Hours / Qtr hrs	
	Mon				
	Tues				
	Wed				
	Thu				
	Fri				
	Sat				
	Sun				
Total Hours/Quarters:					
Office Only:                      Date:                      Amount:					

- Detail Titles**
- 24 hr. Emergency Assistance
  - Civic Responsibilities
  - Clothing Care
  - Community Connections
  - Coordination of Other Services
  - Facilitating 1:1 Relationships
  - Health, Safety, Well Being
  - Household Maint. /Management
  - Housing Procurement
  - Interpersonal Communication
  - Legal Assistance/Advocacy
  - Meal Planning/Preparation
  - Meetings
  - Mobility/Travel
  - Money Management/Banking
  - Personal Grooming
  - Risk Assessment
  - Safety/Emergency Procedures
  - Self-Medication/Health Care
  - Shopping/Consumer Skills
  - Supported Counseling
  - Third Part Benefits
  - Time Management

**\*\*\*Individual/Guardian MUST sign, date, and initial each day worked\*\*\***

Individual/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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

Please use the back of this time sheet to keep the required daily diary of goal related actives and outcomes.

