**Shared Living Home Visits / Phone Contact Log**

*Assess compliance with local health and safety codes, appropriate documentation requirements (progress notes and medication administration reports) and general requirements for an appropriate home environment.*

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

Agency must do a Home Visit every other month with phone contact during the month that the home is not visited. The member must be present for *at least 2 visits per year*.

***Annotate date of Home Visit / Phone Contact***

**Date of Home Visit (include year): Date of Phone Contact: Staff Initial:**

January\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present January \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

February\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present February \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

March\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present March \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

April\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present April \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

May\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present May\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

June\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present June \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

July\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present July \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

August\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present August \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

September\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present September \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

October\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present October \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

November\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present November \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_

December\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_Member present December \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_