

Home and Community-based Services/Texas Home Living Services
Day Habilitation Service Delivery Log

Individual Name <i>(First, Last)</i>	Place of Service(s)	Local Case No.
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Monday		Tuesday		Wednesday		Thursday		Friday	
Time In:		Time In:		Time In:		Time In:		Time In:	
Time Out:		Time Out:		Time Out:		Time Out:		Time Out:	
Time In:		Time In:		Time In:		Time In:		Time In:	
Time Out:		Time Out:		Time Out:		Time Out:		Time Out:	
Time In:		Time In:		Time In:		Time In:		Time In:	
Time Out:		Time Out:		Time Out:		Time Out:		Time Out:	

Initial all areas in which you provided assistance to the person:

	Monday	Tuesday	Wednesday	Thursday	Friday
Self-Help Skills					
Personal Hygiene					
Eating					
Meal Preparation					
Cleaning					
Adaptive Skills					
Ambulation and Mobility					
Reinforce Therapies					
Socialization Skills					
Communication					
Socialization Skills Development					
Community Activities					
Group Activity					
Transportation					
Implementation Plan Skill Development					
Other:					
Other:					

Comments (*Special Events/Occurrences*)

Date	Staff Initials	Comments

Employee Signature	Initials	Employee Signature	Initials