

AFC Member:

Primary Caregiver:

Alternate Caregiver:

Qualified Setting Address:

	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		
<b>Activities of Daily Living (ADL)</b> Use codes: 0-Independent (no help), 1-Set up, 2-Supervision, 3-Physical Assist, 4-Dependent, 8-Activity did not occur	Supervision and/or Assistance through the entire task																																
1) Transferring																																	
2) Ambulation: home																																	
Ambulation: outside																																	
3) Dressing: upper body																																	
Dressing: lower body																																	
4) Eating																																	
5) Toileting																																	
6) Bathing																																	
<b>Incontinence Care:</b>	Record the number of times scheduled toileting or incontinence care provided. For catheter care record "C", for colostomy care record "CL"																																
Bowel																																	
Bladder																																	
<b>Instrumental Activities of Daily Living (IADL)</b> Use codes: 0-Independent, 1-Some Help, 2-Full Help, 3-By others, 8-Activity did not occur																																	
Meal Preparation																																	
Ordinary Housework																																	
Managing Finances																																	
Managing Medications																																	
Phone Use																																	
Shopping																																	
Transportation																																	
<b>Behaviors: Check days that behavior occurred</b>																																	
Wandering																																	
Verbally Abusive																																	
Physically Abusive																																	
Socially Inappropriate																																	
Resisting Care																																	
<b>Most Successful Intervention Used:</b>	1:1	Snack:	Redirection:	Diversion Activity:	Other:																												
<b>Other Services: check all that occurred</b>																																	
Medical Leave																																	
Alternative Caregiver																																	
Non-Medical Leave																																	
Work/School/Program																																	
ER/Urgent Care visit																																	
MD Visit																																	
Skilled Nursing Visit																																	
Caregiver Initials																																	

Primary Caregiver Initial & Signature: \_\_\_\_\_ / \_\_\_\_\_

# of Days: \_\_\_\_\_ Total: \$ \_\_\_\_\_

Alternate Caregiver Initial & Signature: \_\_\_\_\_ / \_\_\_\_\_

Level 1 @ \$30 a day \_\_\_\_\_ Level 2 @ \$57 a day \_\_\_\_\_

Provider: THE ARC OF THE SOUTH SHORE      AFC MONTHLY CAREGIVER LOG      Month/Year:      /2026

Member:      Caregiver:      Alternate Caregiver:

Primary Caregiver Initial & Signature: \_\_\_\_\_ / \_\_\_\_\_      Alternate Caregiver Initial & Signature: \_\_\_\_\_ / \_\_\_\_\_

Daily Notes: Please note any activity considered out of the ordinary or information pertinent to the member's care, appointments, etc. Please date each note and initial.

Please record fire drills when completed, include DATE, TIME, EVACUATION TIME, LOCATION OF MEMBER PRIOR TO THE DRILL & ASSISTANCE REQUIRED TO EVACUATE

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Fire Drill	Date	Time	Location of Member Prior to Drill	Evacuation Time	Assistance Required
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**Description of Activities of Daily Living (ADL)**

- Transferring:** member must be assisted or lifted to another position
- Ambulation (in home/outside):** member must be physically steadied, assisted, or guided during ambulation indoors and outdoors, or is unable to self-propel a wheelchair appropriately without the assistance of another person
- Dressing(upper and lower body):** including street clothes and undergarments, but not solely help with shoes, socks, buttons, snaps, or zippers
- Eating:** the member requires constant supervision and cueing during the entire meal, or physical assistance with consuming a portion or all of the meal.
- Bathing:** a full-body bath or shower or a sponge (partial) bath that may include washing and drying of face, chest, axillae (underarms), arms, hands, abdomen, back and peria-area that may include personal hygiene such as: combing or brushing of hair, oral care (including denture care and brushing of teeth), shaving, and, when applicable, applying make-up
- Toileting:** Toileting: member is incontinent (bladder or bowel) or requires assistance or routine catheter or colostomy care;

**Description of Instrumental Activities of Daily Living (IADL)**

- Meal Preparation:** Planning meals, cooking, assembling ingredients, setting out food and utensils.
- Ordinary Housework:** Doing dishes, dusting, making bed, tidying up, laundry.
- Managing Finances:** Paying bills, balancing checkbook, balancing household expenses.
- Managing Medications:** Reminding to take medications, opening bottles.
- Phone Use:** Making or receiving phone calls (with or without assistive devices, i.e. large numbers on phone, amplification devices).
- Shopping:** Selecting food and household items, managing money.
- Transportation:** Traveling to places that are beyond walking distances.

**Description of Managed Behaviors**

- Wandering:** Moving with no rational purpose seemingly oblivious to needs or safety.
- Verbally Abusive Behavior:** Threatening, screaming or cursing at others.
- Physically Abusive Behavior:** Hitting, shoving or scratching.
- Socially Inappropriate Behavior:** Disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing
- Resists Care:** Resists assistance with medications, ADL assistance, eating or changes in position. Does not include refusal of care.