

## **Meaningful Community Inclusion Participation Log**

Client	Name:					
Montl	n/Year:					
**	**This form is to be completed throughout the month and returned for review by the Residential Manager at the end of each month**					
ideas ( in the	of community outings for the n Client Snapshot and their per	n services have or would like to try this month? List month based on individual's ideas, interests identified son-centered Service Plan: month that has not been completed in the past				
	vere opportunities for communicall the apply):	nity involvement presented/offered to the individual				
	Verbally discussed Visual presentation Calendar presented In writing Other:					
What	means of transportation does	this person use:				
	Provider Vehicle	☐ RTD/Public Transportation				
	AAR	Other:				
Are th	nere any special measures that Yes No	need to be taken to access any of these outings?				
If yes,	which outing and what are the	e special measures needed:				

Please enter a brief description of the community activity or event that the individual you serve participated in this month and **how meaningful community integration was met**. Document each activity as they occur and turn this sheet in along with all other end of month paperwork to that person's Residential Manager. Indicate if the individual refused/was not able to participate in the planned outing. \*\*Please note that these activities exclude Day Program or Work\*\*

Date	Activity	Describe how meaningful integration was met/not met	Transportation Type