

## Social/Leisure Activities

Name of Licensed Home: \_\_\_\_\_ Date: \_\_\_\_\_

Do you like your social/leisure activities? \_\_\_\_\_

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Are there other social/leisure activities would you like to try?

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Actions and/or decisions: \_\_\_\_\_

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Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Area Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
(Agency Representative)

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Program Area(s):	Adult Disability		

## Work Instructions – Social/Leisure

1. When a client or family member makes a request regarding social/leisure activity it will be recorded on this form.
2. The employee who is engaged in the discussion with the client and/or family member (at a House Meeting or any other time) will document the relevant information on this form and forward it to the Agency Representative (Area Coordinator) for review.
3. This form is not used for day to day social/leisure activity choices. An example for the use of this form might be a request for an overnight trip that is not typical for the people who live in the home.
4. Any actions taken or decisions made are to be recorded under actions and/or decisions. If further actions are required the Agency Representative (Area Coordinator) will review the request and any other relevant information prior to making a decision.
5. All follow up social leisure activity requests will be reviewed at the next House Meeting.

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