



Residential Monitoring Demographic Sheet

Date of Monitoring: _____ Name of Home: _____

Names of All Residents Residing in the Home: _____

Name(s) of resident(s) whose records / personal funds reviewed: _____

Name of Guardian (G)/ Guardian _____ G / GA / POA has

Advocate (GA) / Power of Attorney (POA) _____ authority over: _____

WSC: _____ CBA: _____

Consent Dates (circle date if not within past 12 months) _____ Date of Medical Fact Sheet (if Licensing): _____

_____ Authorization for Medication Administration APD Form 65G-7-01 (AMA)

_____ Informed Consent APD Form 65G7-02

_____ Consent for Medical / Dental Treatment

_____ Consent to Manage Funds

ISP Date:

IP Date:

Services identified in ISP:

ISP Goals

IP Goals

Date of Last Monthly Summary: _____ Date of Last CBA Monthly Summary: _____

Date EMP Approved: _____ Adequate Disaster Supplies? _____

Comments:

<p>Comments:</p>
