



## Quality of life Report

This report is to be submitted by all Homeshare providers to Clements Centre Society on July 1<sup>st</sup> and January 1<sup>st</sup> of every year or as otherwise requested.

CCS staff review all completed reports. Questions about the form can be directed to the Homeshare coordinator. They can be delivered by hand or mailed to:

Homeshare Office  
 Clements Centre Society  
 5856 Clements Street  
 Duncan BC V9L 3W3

*Individual's name:* \_\_\_\_\_ *Date of birth:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Homeshare provider's name:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *e-mail:* \_\_\_\_\_

*Reporting period:* January- June, 20\_\_ July – December, 20 \_\_

### INDIVIDUAL'S TYPICAL WEEKLY SCHEDULE

	M	Tu	W	Th	F	Sa	Su
morning							
afternoon							
evening							

# Quality of life Report

## HIGHLIGHTS OF REPORTING PERIOD

Please provide an update of highlights from this reporting period. Include details about positive events, celebrations, important accomplishments, etc.

---

---

---

---

---

---

## CHALLENGES OF REPORTING PERIOD

Please provide details about any unusual or challenging situations that occurred during this reporting period.

---

---

---

---

---

---

---

---

## UNRESOLVED ISSUES

Please describe any unresolved issues that require your attention. Indicate the support or information that you require from CCS to address these issues.

---

---

---

---

---

---

---

---

---

---

## Quality of life Report

### HEALTH AND WELL BEING

Please provide an update on the individual's overall health and well-being. Include significant details that pertain to medical, dental, specialists, nutrition, medication, or other special needs.

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

List all medications that the individual currently takes on a regular (or as-needed) basis. If necessary, please attach a separate sheet. Indicate any medication changes and highlight those medications that were introduced during the current reporting period.

Medication	Dosage	Purpose

## Quality of life Report

List any relevant appointments that have occurred during this period:

Appointment	Date	Purpose

Describe any follow-up action required as a result of the appointments noted above:

---



---



---



---



---



---



---

### RELATIONSHIPS

Please provide an update on the individual's relationships. Include details about interactions with family members, friends, or others in the person's life.

---



---



---



---



---



---



---

# Quality of life Report

## COMMUNITY INCLUSION

Please provide an update on the individual’s experience of community inclusion. Include details about work, education, recreation, or other significant activities.

---



---



---



---



---



---



---



---



---



---

List any important activities:

Activity	Date

# Quality of life Report

## PLANNING

Please provide an update on the individual's short- and long-term goals as stated on their ***Individual Service Plan***. Include details about previously identified goals and the person's satisfaction with progress.

---



---



---



---



---



---

Update the person's action plan and list goals that have been identified as a priority for the upcoming period. Consider all aspects of the individual's life (health and well-being, relationships, community inclusion, etc.).

goals	person responsible	target date	completion date

# Quality of life Report

## OFFICE USE ONLY

### CCS REVIEW OF REPORT

Name of individual: \_\_\_\_\_

Homeshare provider: \_\_\_\_\_

Name of reviewer: \_\_\_\_\_

Position/title: \_\_\_\_\_ Date of review: \_\_\_\_\_

For cross-referencing purposes, list any relevant communication or reports (including *Critical Incident Reports*) that have been received during this period:

Communication/reports	Date

Also list any visits that were made to the home during this period:

Reason for visit	Date

List any areas of concern or items that require follow-up:

---



---



---



---



---



---



---

A copy of the report should be retained by the Homeshare provider and individual served. If requested, CCS can provide a copy to the individual's legal representative. The original will be maintained by CCS.