



QUALITY OF LIFE REPORT FOR HOME SHARING

This report is to be submitted by all home sharing providers to CLBC's regional Quality Service Office on July 1st and January 1st of every year or as otherwise requested.

CLBC staff review all completed reports. Questions about the form can be directed to your local CLBC Quality Service Office. Contact information for each office can be found on our website (www.communitylivingbc.ca) or by calling our head office (604.664.0101 / toll-free: 1.877.660.2522).

individual's name: _____

date of birth: _____

address: _____

home sharing provider: _____

phone: _____ e-mail: _____

reporting period: January – June, 20 ____ July – December, 20 ____

additional reports due on: _____

INDIVIDUAL'S TYPICAL WEEKLY SCHEDULE

	M	Tu	W	Th	F	Sa	Su
morning							
afternoon							
evening							

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, specialist, 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.

<i>medication</i>	<i>dosage</i>	<i>purpose</i>

List any relevant appointments that have occurred during this period:

<i>appointment</i>	<i>date</i>	<i>purpose</i>

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.

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:

<i>activity</i>	<i>date</i>
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PLANNING

Please provide an update on the individual's short- and long-term goals. 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

CLBC REVIEW OF REPORT – for office use only

name of individual: _____

home sharing 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:

<i>communication / reports</i>	<i>date</i>

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

<i>purpose of visit</i>	<i>date</i>

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

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