



## 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 1<sup>st</sup> and January 1<sup>st</sup> 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](http://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							

### HIGHLIGHTS OF REPORTING PERIOD

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

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### CHALLENGES OF REPORTING PERIOD

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

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### UNRESOLVED ISSUES

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

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**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.

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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:

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## 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.

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## COMMUNITY INCLUSION

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

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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.

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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:

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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.