

NORTHERN HUMAN SERVICES

REGION 1 FORM FOR CERTIFIED HOMES UNDER HE-M 1001

Certified Residence: _____

Week Ending: _____

Individual's Name	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Total Day in Cert. Setting
	/ /	/ /	/ /	/ /	/ /	/ /	/ /	

If there is anything other than X in the daily boxes about, please fill out the following information about departure and return.

Attendance Key:

X = In residence or with provider (includes vacation with provider)

O = Not in residence

R = Respite placement (non-certified)

CR = Respite placement (certified)

F = Out of residence with family or friends

H = Hospital (h-1 medical or h-2 psychiatric)

M = Moved out (include time left)

Departure Date and Time _____

Return Date and Time _____

Alternate Provider Name _____

If an alternate provider came to your home, please tell us:

Name of alternate provider: _____ Date(s): _____

Provider Signature: _____ Date: _____

Fire Drills:

When a new resident moves in, please complete a fire drill within 5 days. Then, monthly for 6 months and quarterly thereafter. Please alternate exits used and times drills are completed. Also, please complete a minimum of one sleep drill per year.

Sleep drill should be completed between the hours of 10:00 p.m. – 6:00 a.m.

Reminder

Please shake your fire extinguishers monthly. Smoke detector batteries need to be replaced every six months from the date of installation unless you have installed lithium batteries

Date Fire Drill was Conducted: _____ Time: _____ Evacuation Time: _____

Sleep Drill: Yes ___ No ___ Exit used: _____

Name of all people participating (clients and people assisting): _____

Concerns/Issues: _____

Date Smoke Detector Batteries Changed: _____

Comments: _____

