CONSUMER DIRECT CARE NETWORK

CDTN HCBS Program Daily Log

(Please write legibly)

Member Name:	What outcomes were addressed today?
Worker Name:	•
Service Provided:	•
Dates of Service:	•
Time In: **am/pm (Circle one)**	•
Time Out: **am/pm (Circle one)**	•

Daily Notes with Actions & Outcomes	
What did the Member learn about? What worked well? What did the Member like about the outcome? What supports were required to accomplish the goal?	
What did not work well today? What did the Member not like about the action steps? What needs to change or stay the same?	
Who was there? (Family, Friends, Supporting Personnel, Visitors, Etc.)	
Overall Comments on the Member's Day: What caused good or bad moments today? What other activities contributed to the day?	

Important things about the Day:(Additional Activities, Behavioral Incidents, Reportable Events, Medical Concerns/Symptoms, Complaints, Etc.)	

Worker Signature: _____

Employer Signature: _____