

BACI's LSN Annual Report

Name: _____

LSN Contractor'(s) name: _____

Reporting period: from: _____ to _____

Person's Typical Schedule:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A M							
P M							
E V E							

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Goal Progress:

Please describe how the person you support has made progress towards acquiring their goals. If a goal was discontinued or not attempted, please explain why.

Health and Safety:

- ❖ Please attach the most current MAR or list of medications to this report.

Have there been any significant changes in the person's health over the past 6 months? If so please describe? How were these concerns followed up with, please describe?

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List all appointments that have occurred during this reporting period: This includes but not limited to: medical, dental, professional supports such as HSCL, Vinge, CBI or MHSD.

Appointment with (name & title)	Date	Purpose

Respite:

Please list all respite used during this reporting period. This includes name of respite provider(s) and date(s) when respite services were provided.