

BACI's LSN Annual Report

Person's Name: _____

LSN Provider's Name: _____ Date: _____

Reporting Period: from: _____ to _____ Next report due: _____

Please describe or list the highlights from the past year.

Community and Home Life

(New activities, day trips, parks, beaches, vacation, gardening, cooking, baking, yardwork, home organization etc.)

Relationship and Communication

(Hosting distance get-togethers, celebrating B-Days, meeting neighbors, keeping in touch with family and friends, sending cards, writing letters, virtual get-togethers like FaceTime, zoom etc.)

Personal Growth and Health & Safety

(Voting, volunteering, employment, learning a new hobby/skill, improving COVID prevention, walking, exercising, lifting weights, eating healthier etc.)

Health and Safety

Please list the medications and PRNs to this report.

Medications	Dosage	Times	Uses

