BACI's LSN Annual Report

Person's Name:						
LSN Provider's Name:		Date:				
Reporting Period: from:	to	Nex	xt report due:			
Please describe or list the Community and Home Life	fe	-				
(New activities, day trips, parks, beaches, vacation, gardening, cooking, baking, yardwork, home organization etc.)						
Balatianahin and Commun	uiostio					
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 hea	itnier etc.)					
Health and Safety						
Please list the medications and PRNs to this report.						
Medications	Dosage	Times	Uses			

LSN Annual Report Reviewed: January 2023

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List all appointments that have occurred during this reporting period. This includes but not limited to; medical, dental, podiatrist, professional supports such as HSCL (Physio/OT), Vinge, CBI, DDMHS, etc.

Appointment with (Name & Title)	Dates	Purpose/Result

LSN Annual Report Reviewed: January 2023