

Service Log Date: ____/____/____		Time:
Duration (minutes):		
<b>1. Personal Data</b>		
Resident Name:		
Property:	Service Coordinator:	Resident Name:
First time using SC? : <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>2. Service Types</b>		
<b>ADVOCACY</b>		
<p>Contacts made by the service coordinator on a resident's behalf when the resident has reached an impasse or barrier to services, or is unable to advocate on his/her own behalf. Speaking out on behalf of the resident to achieve changes in the conditions that contribute to the resident's problems and securing and protecting a resident's existing rights or entitlements. Advocacy efforts can be both within and outside of the property. <b>Your direct advocacy efforts can be counted here if they are not better captured in another category.</b></p>		
<input type="checkbox"/> Educating/Coaching Resident on Self	<input type="checkbox"/> Legislative action/correspondence- with Federal Agency	
<input type="checkbox"/> Legislative action/correspondence	<input type="checkbox"/> On Behalf of Resident to an Outside Community Service Provider	
<input type="checkbox"/> Legislative action/correspondence	<input type="checkbox"/> On Behalf of Resident to Management	
<b>ASSESSMENT</b>		
<ul style="list-style-type: none"> <li>• In-person contact between the resident and the service coordinator during which the resident identifies areas of need and the service coordinator identifies services which are available and appropriate to respond to those stated needs.</li> <li>• Appraisal made by SC using the Resident Assessment Form and/or Resident Needs Assessment Form to identifying a resident's needs, ADLs/IADLs, etc.</li> <li>• Assistance in obtaining and/or completing an assessment by a service provider in the community. <b>Your assessment efforts can be counted here if they are not better captured in another category.</b></li> </ul>		
<input type="checkbox"/> Initial – Resident Assessment	<input type="checkbox"/> Update – Resident Assessment	
<input type="checkbox"/> Initial – Resident Needs Assessment	<input type="checkbox"/> Update – Resident Needs Assessment	
<b>BENEFITS/ENTITLEMENTS/INSURANCE</b>		
<ul style="list-style-type: none"> <li>• Assistance in applying for any government entitlement programs (federal, state, local), and/or any other public benefit program for which they are eligible; explain or otherwise assist in maintaining/re-determining benefits.</li> <li>• Assistance with various other private insurance matters as requested (i.e., supplemental health insurance, life insurance, pension).</li> </ul>		
<input type="checkbox"/> Burial Policy	<input type="checkbox"/> Pension	
<input type="checkbox"/> Energy assistance	<input type="checkbox"/> Prescription Benefits	
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Private Health insurance	
<input type="checkbox"/> General Relief	<input type="checkbox"/> Renter's tax credit	
<input type="checkbox"/> Immigration/Naturalization	<input type="checkbox"/> Social Security Survivor's Benefits	
<input type="checkbox"/> Life insurance	<input type="checkbox"/> SSDI/SSI	
<input type="checkbox"/> Long Term Disability	<input type="checkbox"/> Utilities/Phone Programs	
<input type="checkbox"/> Low-income subsidy programs	<input type="checkbox"/> Veterans Administration	
<input type="checkbox"/> Medicare		

<b>CASE MANAGEMENT</b>	
A procedure to plan, seek and monitor services from different outside community provider of services and staff on behalf of a resident. A service coordinator is not a case manager, but may provide case management to those residents that require additional assistance with service delivery beyond information and referral. <b>Case Management efforts can be counted here if they are not better captured in another category.</b>	
<input type="checkbox"/> Developed Case Management Plan	<input type="checkbox"/> Linked with Outside Case Management Service
<input type="checkbox"/> Implementation of Case Management Plan	
<b>CONFLICT RESOLUTION</b>	
<ul style="list-style-type: none"> <li>• Assistance in effort to resolve conflict by helping to clarify, educate, mediate, and propose compromises or alternative solutions to parties who are contesting some mutual objectives. Conflict may be between residents or between residents and management, service providers, or other parties.</li> <li>• Assistance in obtaining Conflict Resolution Services through a community provider of these services.</li> </ul>	
<input type="checkbox"/> Eviction Prevention	<input type="checkbox"/> Resident-family
<input type="checkbox"/> Intervention Requested by Management	<input type="checkbox"/> Resident-resident
<input type="checkbox"/> Linked with Outside Conflict Resolution Provider	<input type="checkbox"/> Resident-staff
<input type="checkbox"/> Resident-caregiver	
<b>CRISIS INTERVENTION/ SUPPORT COUNSELING</b>	
<ul style="list-style-type: none"> <li>• Crisis is either an internal experience of emotional change/distress or a disastrous event. Intervening in a situation that could result in serious consequences to the resident's health, safety and/or well-being. Helping or supporting resident in distress to promote effective coping that can lead to positive growth and change.</li> <li>• Assistance in obtaining Crisis Intervention/Support through a community provider of these services (911, mobile crisis unit, suicide prevention hotline, APS)</li> <li>• Serve as a "neutral sounding board" for resident to express their feelings around personal issues (i.e., loss or change), as appropriate. Provide empathy for and support of resident's concerns, suggest possible coping methods and/or referral to professional counseling.</li> </ul>	
<input type="checkbox"/> 911 call	<input type="checkbox"/> Intervention Requested by Management
<input type="checkbox"/> Adult Protective Services	<input type="checkbox"/> Police/Fire Safety check
<input type="checkbox"/> Assistance with disastrous event	<input type="checkbox"/> Psychiatric Emergency
<input type="checkbox"/> Bereavement	<input type="checkbox"/> Response to Critical Incident: prevent resident harm/suicide
<input type="checkbox"/> Linked with Crisis Intervention/Support Provider	
<b>EDUCATION/EMPLOYMENT</b>	
Assisted resident by linking with an educational service, schooling, vocational training and/or employment or volunteer opportunities.	
<input type="checkbox"/> Adult General Education	<input type="checkbox"/> Linked with Outside Education Counselor
<input type="checkbox"/> College	<input type="checkbox"/> Literacy
<input type="checkbox"/> Computer training	<input type="checkbox"/> Senior employment/aides program
<input type="checkbox"/> English as Second Language	<input type="checkbox"/> Vocational/Job Training
<input type="checkbox"/> Employment Service Provider	<input type="checkbox"/> Volunteering

<b>FAMILY SUPPORT</b>	
<p>"Family" is defined as those individuals chosen by the resident as primary providers of support, whether actually relative or not (only with residents signed consent).</p> <ul style="list-style-type: none"> <li>• Assisted residents' families in finding supports for themselves on issues such as caring for an elderly parent/loved one, grief and loss, etc.</li> <li>• Contact with resident's family regarding available services to resident.</li> <li>• Contact with resident's family members regarding resident's functioning or changes in functioning</li> </ul>	
<input type="checkbox"/> Accepting Death/Bereavement	<input type="checkbox"/> Related to transition/move-out
<input type="checkbox"/> Counseling/Education	<input type="checkbox"/> Related to transition/move-out to higher level of care
<input type="checkbox"/> Information Exchange	
<b>HEALTH CARE SERVICES</b>	
<p>Assistance in obtaining information and/or referral to services that optimize and maintain the resident's physical health—physician, medical professional, nutritionist, etc.</p> <ul style="list-style-type: none"> <li>• Home Health Services, durable medical equipment &amp; other adaptive equipment, prescription assistance and medication management, nutrition programs, lifeline Programs</li> <li>• Appointments for any medical exams including eye glasses, dental, hearing aids</li> <li>• Completion of forms, assistance with medical record management</li> <li>• End of life decision making, advanced directives, wills</li> </ul>	
<input type="checkbox"/> Adult Day Health Care	<input type="checkbox"/> Hospital admission
<input type="checkbox"/> Advanced Directive	<input type="checkbox"/> Medication management
<input type="checkbox"/> Consult with Hospital Discharge Planner	<input type="checkbox"/> Medicine Education Program
<input type="checkbox"/> Doctor appointments/Medical Professionals	<input type="checkbox"/> Nutrition Education
<input type="checkbox"/> Durable Medical Equipment/Adaptive Equipment	<input type="checkbox"/> Outpatient services
<input type="checkbox"/> Exercise/Physical Fitness	<input type="checkbox"/> Physician referrals
<input type="checkbox"/> Health Clinic	<input type="checkbox"/> Prescriptions
<input type="checkbox"/> Home Health Care Services	<input type="checkbox"/> Rehabilitation Services
<input type="checkbox"/> Hospice	
<b>HOMEMAKER</b>	
<p>Assistance in obtaining services to enable the resident to remain in their own home, including apartment cleaning, laundry, shopping, cooking, whether service provided through government program, fee-for-service or volunteer assistance.</p>	
<input type="checkbox"/> Domestic	<input type="checkbox"/> Personal Care
<input type="checkbox"/> Due to apartment inspection failure/Management Referral	<input type="checkbox"/> Private Pay

<b>HOME MANAGEMENT</b>	
<p>Service or support to assist resident with keeping, managing, and maintaining all aspects of their home other than homemaking (identified above). This includes money management, budgeting, bill paying, reading mail, organization of personal records, phone and cable company issues.</p>	
<input type="checkbox"/> Bills	<input type="checkbox"/> Hoarding and Clutter
<input type="checkbox"/> Correspondence/Mail	<input type="checkbox"/> Lifeline/Other Personal Alarm System
<input type="checkbox"/> Daily Money Management	<input type="checkbox"/> Organization of Personal Records
<input type="checkbox"/> Disposal of apt. contents upon move out or death	<input type="checkbox"/> Telephone suggestion
<input type="checkbox"/> Frauds & Scams	<input type="checkbox"/> Utilities

<b>LEASE EDUCATION</b>	
<ul style="list-style-type: none"> <li>• Informing residents of lease provisions and/or of behaviors/problems that could lead to lease violations, such as noise, odors, unsanitary or unsafe conditions in apartments (hoarding and clutter) or common areas.</li> <li>• Linking residents with a member of the Property Management Team for assistance with understanding their lease and house rules.</li> <li>• Coordinating with property management the need for reasonable accommodation as defined by the ADA when a resident's mental, physical or social disability is impeding compliance with the lease.</li> </ul>	
<input type="checkbox"/> Apartment Inspection Education	<input type="checkbox"/> House Rules Violation Education
<input type="checkbox"/> ADA/Fair Housing Education	<input type="checkbox"/> HUD Policy Clarification
<input type="checkbox"/> Eviction Prevention	<input type="checkbox"/> Recertification
<b>MEALS</b>	
<ul style="list-style-type: none"> <li>• Arranging for services to ensure resident is receiving adequate nutrition. Referrals to congregate meal sites, MOW (Meals on Wheels) programs</li> <li>• Accessing emergency food programs and food banks</li> <li>• Arranging for grocery shopping or cooking service</li> <li>• Other meal access (family, friends, other resident, etc.)</li> <li>• Donated holiday food items</li> </ul>	
<input type="checkbox"/> Congregate Meals Site	<input type="checkbox"/> Home Delivered
<input type="checkbox"/> Food Bank/Food distribution programs	<input type="checkbox"/> Nutrition/Health Supplements
<input type="checkbox"/> Healthy Eating	
<b>MENTAL HEALTH</b>	
Assistance with linking residents with a psychiatrist, mental health caseworker, counselor, therapist, support group, and any other providers designed to assist with emotional wellness issues.	
<input type="checkbox"/> Behavior	<input type="checkbox"/> Day Treatment Program
<input type="checkbox"/> Communication with Case Worker/Doctors	<input type="checkbox"/> Personality
<input type="checkbox"/> Conservatorship/Public Guardian	<input type="checkbox"/> Psychiatric Hold Overs
<input type="checkbox"/> Counseling	<input type="checkbox"/> Referrals
<b>MONITORING SERVICES</b>	
<ul style="list-style-type: none"> <li>• Follow-up on service outcomes or verification services that have been received, that the services are meeting needs, and whether new or additional resources might be needed.</li> <li>• Conducted client satisfaction surveys.</li> </ul>	
<input type="checkbox"/> Follow up with resident	<input type="checkbox"/> Home Visits
<input type="checkbox"/> Follow up with Service provider	<input type="checkbox"/> Telephone Reassurance
<b>SUBSTANCE ABUSE</b>	
<ul style="list-style-type: none"> <li>• Information, referral and support regarding use of addictive substances (tobacco, alcohol, drugs –prescription &amp; street).</li> <li>• Assistance with linking residents to a treatment programs. <ul style="list-style-type: none"> <li>○ Referrals to American Lung Association or other smoking cessation programs</li> <li>○ Referrals to alcohol and drug treatment facilities, and/or other professionals</li> <li>○ Referrals to AA (Alcoholics Anonymous) or other self-help program</li> </ul> </li> </ul>	
<input type="checkbox"/> Counseling Service	<input type="checkbox"/> Linking with outside provider
<input type="checkbox"/> Education/Prevention Service	<input type="checkbox"/> Referral to Provider
<input type="checkbox"/> Intervention Service	<input type="checkbox"/> Intervention Service

**TRANSFER TO ALTERNATIVE HOUSING**

- Assistance with transferring to another property, a different unit within the property, or to an alternative care facility either temporarily or permanently
- Provide information and assistance regarding housing options, both permanent and temporary arrangements.

<input type="checkbox"/> Board and Care	<input type="checkbox"/> Hospital
<input type="checkbox"/> Family	<input type="checkbox"/> Nursing home
<input type="checkbox"/> Group home/assisted living	<input type="checkbox"/> Rehabilitation Facility
<input type="checkbox"/> Hospice	<input type="checkbox"/> Transition back to apartment

**TRANSPORTATION**

Providing information regarding or arranging for transportation to take resident to medical or other personal appointments, religious, social or recreational activities. Example include:

- Complete para-transit applications and/or taxi cab vouchers
- Scheduling appointments for rides
- Assisting with public transportation, disabled discount cards

<input type="checkbox"/> Bus Passes	<input type="checkbox"/> Non-emergency medical transportation
<input type="checkbox"/> Department of Motor Vehicle	<input type="checkbox"/> Taxi Service
<input type="checkbox"/> Drivers Ed/defensive driving	<input type="checkbox"/> Taxi Vouchers/Scripts
<input type="checkbox"/> Medicaid Non Emergency Vouchers	<input type="checkbox"/> Vehicle Insurance

Medical Transportation

**OTHER**

Any other service provided which does not seem appropriate to report under the previous categories. The HUD Semi-Annual Report asks that these services be specified. Examples include:

- Sharing "quality time" with a resident with no particular service rendered other than the resident's desire/need for conversation or sharing of general information/referral
- Help a resident increase socialization through identifying recreational or other activities in the community

<input type="checkbox"/> General Information and Referral	<input type="checkbox"/> Socialization
<input type="checkbox"/> Legal Assistance	<input type="checkbox"/> Tax Assistance
<input type="checkbox"/> Outreach	<input type="checkbox"/> Translation/Interpretation
<input type="checkbox"/> Relationship Building	