



Arkansas Support Network

Supporting Choices and Opportunities for
Individuals with Disabilities and their Families

— SINCE 1988 —

Communication Log

*******Required in addition to CaseNotes*******

Please complete daily, 3 sentences to include:

- 1. Any appointments/ shopping**
- 2. Any Behaviors/ or anything out of ordinary, if an incident occurred did you contact your mgmt. team?**
- 3. Summary of your shift**

(EX)

10.19.2018

Staff name, Staff title, and staff shift.

I took John Doe to his appointment at OGC, no medication changes at this time. John was in a pleasant mood and completed his daily tasks. Took John to the store to get his prescriptions and groceries for the week and returned home, John fell in the kitchen, no injuries, no further medical attention needed. Reported incident to DM.

Main Office
6836 Isaac's Orchard Road
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Toll Free: 1-800-748-9768

*"Arkansas Support Network operates, manages, and delivers service without regard to
age, religion, disability, sex, race, color, or national origin"*

Visit our web site at: www.supports.org

Family Support Program
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