Choices In Community Living, Inc. Provider # 5700236

Habilitation Plan Documentation

Client Name		Address Medicaid		Medicaid#
Homemaker/Personal Care Service			Subject	Year
Date	Staff Initials	Progress		Location (unless at home)
		7.004		
-				
			-	
				
	<u> </u>			

Choices In Community Living, Inc. Provider # 5700236

Habilitation Plan Documentation

Chent.	Name	Address	Medicaid #	
Homen	naker/Per	sonal Care Service Subject	Ye	ar
Date	Staff	Progress		Location unless at home)
		-8		amess at nome;
*				
				12.00 miles
			7-7-	
	L			