

**SUMMIT AT FRIEDWALD CARE CENTER LLC
50 SANATORIUM RD, BLDG A 3RD FLOOR
POMONA, NY 10970
P. 845-243-5000 F. 845-243-5001**

COMMUNITY INTEGRATION PLAN OF CARE

REGISTRANT NAME _____ MR# _____

PREFERRED COMMUNITY INTEGRATION ACTIVITIES

☐TRIP TO MALL

☐SHOPPING

☐MOVIE

☐OUTDOOR ACTIVITY

☐VOLUNTEER ACTIVITY

☐COURSES – ☐EDUCATION ☐PERSONAL ENJOYMENT

☐COMMUNITY EVENT

☐SUPPORT GROUPS

HOW OFTEN WOULD YOU LIKE TO PARTICIPATE IN ACTIVITIES OUTSIDE OF THE PROGRAM?

DO YOU NEED MORE INFORMATION ON ANY ACTIVITIES, EVENTS OR COURSES? ☐YES ☐NO

WERE YOU MADE AWARE OF ALL COMMUNITY RESOURCES AVAILABLE TO YOU? ☐YES ☐NO

RESOURCES- (SOCIAL DAY, HOME HEALTH AIDE, SENIOR COMMUNITY EVENT, CLUB EVENT OPTIONS, SUPPORT GROUPS ETC)

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IF REGISTRANT IS NOT APPROPRIATE FOR COMMUNITY EVENTS OUTSIDE OF PROGRAM, PLEASE STATE REASON AND INTERVENTION IN PLACE TO PROVIDE COMMUNITY INTERGRATION.

NOT APPROPRIATE DUE TO

- ☐ RISK FOR FALL
- ☐ RISK FOR UNSAFE WANDERING
- ☐ AS PER CAREGIVERS REQUEST
- ☐ REGISTRANT PREFERS TO REMAIN AT PROGRAM

INTERVENTION IN PLACE

- ☐ VISIT FROM COMMUNITY MEMBERS
- ☐ OTHER _____

REGISTRANT SIGNATURE

DATE

CAREGIVER SIGNATURE

DATE