

**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