

Monthly Activity Log (due the 1st of the month)

NAME:

MONTH & YEAR:

Date	CORRECT Facility Name	RCF SNF	City	Activity Code	Time Spent (in Min.)	Travel Time (in Min.)	Mileage	AHCD (X)	Attendees

	Activity Codes	
Volunteers	Facility Visit (Non-Complaint)	FV
	Facility Visit Complaint Related (investigating filed complaint)	FVCR
	Facility Visit Attempted	FVA
	Family Council	FC
	Residential Council	RC
	Facility Survey with Dept. of Public Health	FS
	Community Education/Development (Fairs/Community Groups)	CED
	Consultations to Individuals, Usually by Telephone	CI
	Volunteer Inservices (Monthly trainings)	VI
	Support Groups	SG
STAFF Only	Staff Receiving Training	ST
	Work with Media, Press Releases	WM
	Consult with DHS/CCL, Monitor Work on Laws, Regs., Policy	CLRP
	Consultation to Facilities, by Phone	CF
	Facility Inservices	FI

Decline or accept reimbursement?	
Total mileage for this month:	
Mileage reimb. (.40 per mile):	\$
Phone reimb., Attach statement:	\$
Total Reimbursement:	\$
<p><i>For Office Use Only</i></p> <p>Agency Approval: _____</p> <p>Long Term Care Services of Ventura County, Inc. 2021 Sperry Avenue, Ste. 35 Ventura, CA 93003</p> <p>D.E. Complete: _____</p> <p>S.T. Complete: _____</p>	