

**ANNUAL VISITATION REPORT FOR MEMBERS WITH SAFETY PLANS**

**PCM ADMINISTRATOR MAKING VISIT:** \_\_\_\_\_

**DATE OF VISIT:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

**MEMBER VISITED:** \_\_\_\_\_

**OVERALL WELL-BEING OF MEMBER:** \_\_\_\_\_

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**DAILY ROUTINE OF MEMBER/HOW MEMBER OCCUPIES HIS DAYS:**

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**EXTRAORDINARY ACTIVITIES OF MEMBER:** \_\_\_\_\_

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**LIST OF FAMILY AND FRIENDS WHO VISIT OR ARE VISITED BY MEMBER:**

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**OVER**

**ARRANGEMENTS TO ENSURE MEMBER HAS NO UNSUPERVISED TIME WITH MINORS  
(INCLUDING FAMILY MEMBERS OR VISITORS WITH MINORS):**

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**FINANCIAL ACCOUNTABILITY/APPROPRIATE ACCOUNTING OF INCOME AND SPENDING:**

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**COMPLIANCE WITH SAFETY PLAN: \_\_\_\_\_**

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**MEMBER'S RECOMMENDATIONS RE: SAFETY PLAN: \_\_\_\_\_**

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**ADDITIONAL COMMENTS AND RECOMMENDATIONS: \_\_\_\_\_**

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**Provincial/Delegate's Signature \_\_\_\_\_ Date \_\_\_\_\_**