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Form
SILP Contact Log
 Residential Care and Transition Services

Client name	D.O.B.
Click here to enter text.	enter text

Entry date	Click here to enter a date.	Hierarchy	Click here to enter text.
Subject			

Instructions
<p>Please note:</p> <ul style="list-style-type: none"> The purpose of the SILP Contact Log is to collect important information about the young person's well-being and experience. This form is used at each contact interaction between MC and the young person. The SILP Contact Log is broken up into several sections for data capture -Health/Personal Care, Emotional Issues, Social Interactions and Engagement and Self-Management. Please tick 'Yes' if the behaviour/interaction has been observed/confirmed. Any additional context or additional notes can be recorded in the text box at the bottom of the form. An Activity Log is still required; however, this is focused on the length of the contact and the general purpose of the contact, with the below form providing the details data collection.

General contact information	
General illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incident Log completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the young person present at the contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the young person adhere to agreed contact plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medication checks complete?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No medication prescribed
Weight (<i>entered once a month</i>)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Health/personal care	
Alcohol use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal Substance use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Solvent use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Young person reports Binging/purging/refusal to eat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulties with/refusal to maintain personal self-care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Young Person reports sleep problems/chronic fatigue/bed wetting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Somatising	<input type="checkbox"/> Yes <input type="checkbox"/> No

Medication
Medication safe audit to be completed at each contact and recorded below.

Food supplies
Staple food supplies – note food that is available, and any food required.
Attach photos of staple food supplies
Young person food supplies
Attach photos of young person food supplies

Emotional issues	
Abnormal perceptions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulty self-regulating emotions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distortion/memory loss	<input type="checkbox"/> Yes <input type="checkbox"/> No
Distress/worrying/crying	<input type="checkbox"/> Yes <input type="checkbox"/> No
Odd and/or bizarre behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-criticism	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-injury (evidence of)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Self-injury (thoughts of)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signs of/disclosures of hearing voices	<input type="checkbox"/> Yes <input type="checkbox"/> No
Verbal aggression	<input type="checkbox"/> Yes <input type="checkbox"/> No

Social interactions	
Antisocial behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communication issues	<input type="checkbox"/> Yes <input type="checkbox"/> No

Social interactions	
Young person reports their education/employment engagement to be?	<input type="checkbox"/> Full Attendance <input type="checkbox"/> Partial Attendance <input type="checkbox"/> No Attendance <input type="checkbox"/> N/A
Education/employer reports the young person's engagement to be?	<input type="checkbox"/> Full Attendance <input type="checkbox"/> Partial Attendance <input type="checkbox"/> No Attendance <input type="checkbox"/> N/A
Impulsive behaviour targeting property or others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indiscriminate disclosures	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mimicking others behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with peers/Co-tenant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with family	<input type="checkbox"/> Yes <input type="checkbox"/> No
Problems with MC Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexualised behaviours (potential victimisation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexualised behaviours (age appropriate/assessed as norm)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Active listening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Being respectful	<input type="checkbox"/> Yes <input type="checkbox"/> No
Conflict management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cooperation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Effective communication	<input type="checkbox"/> Yes <input type="checkbox"/> No
Helping others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Increased acceptance/tolerance of diverse groups	<input type="checkbox"/> Yes <input type="checkbox"/> No
Listening	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peer resistance skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Politeness and manners	<input type="checkbox"/> Yes <input type="checkbox"/> No
Positive interactions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Praising others/refraining from negative comments	<input type="checkbox"/> Yes <input type="checkbox"/> No
Recognising/understanding other points of view	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sharing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Social problem solving	<input type="checkbox"/> Yes <input type="checkbox"/> No
Taking turns	<input type="checkbox"/> Yes <input type="checkbox"/> No

Engagement and self-management	
Difficulties with/refusal to engage in independence – Financial skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulties with/refusal to engage in independence – Community Access skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Difficulties with/refusal to engage in independence – Personal Hygiene skills	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Engagement and self-management	
Difficulties with/refusal to engage in independence – Living Environment Hygiene skills	<input type="checkbox"/> Yes <input type="checkbox"/> No
Fears and phobias	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inattention/lack of concentration	<input type="checkbox"/> Yes <input type="checkbox"/> No
Loss of interest in activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obsessions or compulsions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oppositional/defiant behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overactive behaviour	<input type="checkbox"/> Yes <input type="checkbox"/> No
Withdrawal from others	<input type="checkbox"/> Yes <input type="checkbox"/> No
Refusal of access	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anger management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Being safe	<input type="checkbox"/> Yes <input type="checkbox"/> No
Following directions	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Patience	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remaining on task	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shows initiative	<input type="checkbox"/> Yes <input type="checkbox"/> No

Completion and sign off			
Name of worker	Click here to enter text.		
Signature	<div style="background-color: #e6f2ff; width: 280px; height: 30px;"></div>	Date	Click here to enter a date.