

## Meaningful Day Monthly Calendar

MONTH AND YEAR	CLIENT NAME
NAME OF AFH	FORM COMPLETED BY:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **Instructions to Adult Family Home (AFH) Provider regarding Meaningful Day (MD) Monthly Calendar**

1. The calendar is to be filled-out for each participating MD client to include all activity goals.
2. Record planned activities on appropriate dates.
3. Record dates that are special to your client such as family or friends birthdays, holidays of importance and any appointment they may have scheduled.
4. One copy should be provided to the participating client and posted in a place they choose.
5. One copy kept with the client AFH records.