Neuro Restorative™
Carbondale

NeuroRestorative Carbondale
PO Box 2825
306 West Mill Street
Carbondale, IL 62902-2825

8/28/15

RECEIVED
SEP 03 2015
HEALTH FACILITIES &
SERVICES REVIEW BOARD

Compliance Manager
Illinois Department of Health
Health Facilities and Review Board
525 West Jefferson St.
Second Floor
Springfield, IL 62761

Services in Kind for Project #13-051
Center for Comprehensive Services HFSRB 14-02

Compliance Manager:

I am writing this as part of the consent agreement fulfillment of agreed upon obligations. This is being written as the 12 month update on the services in kind program that if officially due in November. This is being written to show the rest of the fulfillment of the $36,500 of in-kind services.

The gentleman received services at the Carbondale, Illinois location. This is the second individual to receive additional in-kind services.
Dates of Service are: 5/13/15 to 7/24/15.
Diagnosis of patient: struck by car while riding bike, traumatic brain injury
Rate would be billed if he had insurance: $795.00 per day or a total of $58,035
Verification of Patient's status: See enclosed
Costs of Services provided: $31,701.50. See enclosed
The costs do not include room and board, meals, etc. It only includes therapy, and life skills training.

I have also included copy of the schedule of the individual so you can see the individual for scheduled for services.

Please feel free to contact me with any questions or concerns. I can be reached at chris.williamson@neurorestorative.com or 1-618-203-6797

Thank you,
Vice President
Chris Williamson, MS
Chris Williamson

NeuroRestorative Illinois
NeuroRestorative Carbondale

Exhibit B
Continuing Care Statement

Candidate's Name: [redacted]

Date: 5-7-15

Name: [redacted]

Street Address: [redacted]

City: Schiller Pk

State and Zip Code: IL [redacted]

Relationship to Candidate: BROTHER

Phone Number: [redacted]

To Whom it May Concern:

I have provided room and board to [redacted] (candidate) for the past 1 YEAR. I am willing and able to provide room and board to candidate upon his/her discharge from residential care at NeuroRestorative Illinois/NeuroRestorative Carbondale, but I am unable to contribute toward any costs associated with candidate's placement at NeuroRestorative Illinois/ NeuroRestorative Carbondale.

[redacted] 5-7-15
Signature and Date

Witness Signature and Date

Personal Financial Statement as of 5-7-15

NeuroRestorative Illinois
NeuroRestorative Carbondale

Exhibit A: Financial Eligibility Disclosure Form

Responsible Party's Name: [redacted]

Home Address: [redacted] KI [redacted]

Home Phone: Cell # [redacted]

Co-Responsible Party's Name: [redacted]

Home Address: [redacted] IL [redacted]

Home Phone: Cell [redacted]

Responsible Party: General Information

Current Employer: NONE → DISABILTY

Position or Profession: _____ # of years: ____

Employer's Address: _____

Employer's Phone Number: _____

Most recent date income taxes filed: _____ For what tax year: _____

Are you a plaintiff or defendant in any suits or legal action? ☐ NO ☐ YES
If yes to above, please explain: _____

Have you ever filed Bankruptcy? ☐ NO ☐ YES
If yes to above, please explain: _____

Number of dependants: 0 Ages of dependents: _____

Current Monthly Sources of Income:		Current Monthly Expenses:	
Salary:	$ DIS AB/GA	Mortgage Loan:	$
Interest/Dividends:		Auto Loan(s):	
Social Security:		Credit Card Debt:	
Unemployment Benefits:		Utilities:	
Workmen's Comp Benefits:		Other(specify):	
Veteran's Benefits:			
Child Support/Alimony:			
Public Assistance:			
Other (please specify separately):			
Total Income	$ 1000.00	Total Expenses	$

Spouse and other members of your household: General Information

ASSETS	IN EVEN DOLLARS
Cash in Banks - Schedule A	$ 200.00
Securities - Schedule B	
Real Estate Owned - Schedule C	
Other Assets: Itemize	
TOTAL ASSETS	$ 200.00

LIABILITIES	
Notes Payable - Autos Schedule A	$
Credit Cards Payable - Schedule A	
Mortgages Payable - Schedule C	
Accounts and Bills Due	
Unpaid Taxes Due	
Other Liabilities: Itemize	
TOTAL LIABILITIES	$ 0

I hereby certify that the information provided on all pages of this statement is a true and accurate representation of my financial condition on the date indicated. I agree to provide the necessary verification of any of the information in these statements and authorize NeuroRestorative to make all inquiries deemed necessary to verify the accuracy of the statements made herein. NeuroRestorative reserves the right to deny any application upon their review.

Signed: [redacted] Date: 5-7-15

Services in Kind hours and costs:

DATE	SESSION	HOURS	DOLLARS
5/13/15	Life Skills	1	$25
	Nursing	.5	$87.50
5/14/15	Counseling	.5	$87.50
	Life Skills	4	$100
	Nursing	.5	$87.50
5/15/15	Life Skills	4	$100
	Counseling	.5	$87.50
	Nursing	1.5	$262.50
5/16/15	Life Skills	4	$100
	Nursing	.5	$87.50
5/17/15	Life Skills	4	$100
	Nursing	.5	$87.50
5/18/15	Life Skills	4	$100
	Nursing	1.5	$262.50
	Speech Services	3	$131.25
5/19/15	Life Skills	4	$100
	Nursing	1.5	$262.50
	Physical Therapy	.5	$87.50
	Speech Therapy	.25	$43.75
5/20/15	Life Skills	4	$100
	Physical Therapy	.5	$87.50
	Nursing	.5	$87.50
	Speech therapy	.5	$87.50
5/21/15	Life Skills	4	$100
	Nursing	.5	$87.50
	Physical Therapy	.5	$87.50
5/22/15	Life Skills	4	$100
	Speech Therapy	1	$175
	Nursing	1.5	$262.50
5/23/15	Life Skills	4	$100
	Nursing	.5	$87.50
5/24/15	Life Skills	4	$100
	Nursing	1	$175
5/25/15	Life Skills	4	$100
	Nursing	.5	$87.50
5/26/15	Life Skills	4	$100

	Nursing	1.5	$262.50
	Physical Therapy	.5	$87.50
5/27/15	Life Skills	4	$100
	Physical Therapy	.5	$87.50
	Nursing	1.5	$262.50
	Speech Therapy	1	$175
	Medical Director	1	$200
5/28/15	Life Skills	4	$100
	Speech Therapy	.5	$87.50
	Nursing	.5	$87.50
5/29/15	Life Skills	4	$100
	Physical Therapy	.75	$131.25
	Nursing	.5	$87.50
5/30/15	Life Skills	4	$100
	Nursing	.5	$87.50
5/31/15	Life Skills	3	$75
	Nursing	.5	$87.50
6/01/15	Life Skills	4	$100
	Nursing	.5	$87.50
	Physical Therapy	1	$175
6/02/15	Life Skills	4	$100
	Nursing	.5	$87.50
	Physical Therapy	.75	$131.25
	Behavior Therapy	.25	$43.75
6/03/15	Life Skills	5	$125
	Physical Therapy	1	$175
	Nursing	.5	$87.50
6/04/15	Life Skills	8	$200
	Nursing	1.5	$262.50
	Speech Therapy	.75	$131.25
	Physical Therapy	.75	$131.25
6/05/15	Life Skills	5	$125
	Nursing	.5	$87.50
	Speech Therapy	.75	$131.25
6/06/15	Life Skills	6	$150
	Nursing	.5	$87.50
6/07/15	Life Skills	6	$150
	Nursing	.5	$87.50
6/08/15	Life Skills	6	$150
	Nursing	.5	$87.50
	Speech Therapy	1	$175
6/09/15	Life Skills	6	$150

	Nursing	.5	$87.50
	Speech Therapy	1	$175
	Physical Therapy	1	$175
	Counseling	1.25	218.75
6/10/15	Life Skills	8	$200
	Nursing	.5	$87.50
	Speech Therapy	1	$175
	Medical Director	.5	$100
6/11/15	Life Skills	6	$150
	Physical Therapy	1	$175
	Nursing	.5	$87.50
	Behavior Therapy	1	$175
6/12/15	Life Skills	6	$150
	Nursing	.5	$87.50
	Speech Therapy	1	$175
6/13/15	Life Skills	10	$250
	Nursing	.5	$87.50
6/14/15	Life Skills	6	$150
	Nursing	.5	$87.50
6/15/15	Life Skills	10	$250
	Nursing	.5	$87.50
6/16/15	Life Skills	4	$100
	Nursing	.5	$87.50
	Physical Therapy	1	$175
	Speech Therapy	1	$175
6/17/15	Life Skills	10	$250
	Nursing	1.5	$262.50
	Speech Therapy	1	$175
6/18/15	Life Skills	6	$150
	Nursing	.5	$87.50
	Physical Therapy	1.25	$218.75
	Speech Therapy	1	$175
6/19/15	Life Skills	8	$200
	Speech Therapy	1	$175
6/20/15	Life Skills	12	$300
	Nursing	.5	$87.50
6/21/15	Life Skills	8	$200
	Nursing	.5	$87.50
6/22/15	Life Skills	8	$200
	Nursing	.5	$87.50
	Behavior Therapy	.75	$131.25
	Physical Therapy	.75	$131.25

6/23/15	Life Skills	8	$200
	Nursing	.5	$87.50
	Physical Therapy	.75	131.25
6/24/15	Life Skills	8	$200
	Nursing	.5	$87.50
	Speech Therapy	1	$175
6/25/15	Life Skills	8	$200
	Nursing	.5	$87.50
	Physical Therapy	.75	$131.25
	Behavior Therapy	1	$175
	Speech Therapy	1	$175
6/26/15	Life Skills	10	$250
	Nursing	.5	$87.50
6/27/15	Life Skills	12	$300
	Nursing	.5	$87.50
6/28/15	Life Skills	10	$250
	Nursing	.5	$87.50
6/29/15	Life Skills	12	$300
	Nursing	1.5	$262.50
	Behavior Therapy	1	$175
	Speech Therapy	.50	$87.50
	Physical Therapy	.75	$131.25
6/30/15	Life Skills	10	$250
	Nursing	.5	$87.50
	Behavior Therapy	.5	$87.50
	Physical Therapy	1	$175
	Speech Therapy	1	$175
7/1/15	Life Skills	8	$200
	Behavior Therapy	1	$175
	Occupational Therapy	1	$175
	Physical Therapy	1	$175
	Speech Therapy	1	$175
	Nursing	.5	$87.50
7/2/15	Behavior Therapy	1	$175
	Life Skills	6	$150
	Nursing	.5	$87.50
	Physical Therapy	1	$175
	Speech Therapy	1	$175
7/3/15	Nursing	.5	$87.50

	Life Skills	8	$200
7/4/15	Life Skills	8	$200
	Nursing	.5	$87.50
7/5/15	Life Skills	6	$150
	Nursing	.5	$87.50
7/6/15	Life Skills	8	$200
	Occupational Therapy	.75	$131.25
	Physical Therapy	1	$175
7/7/15	Life Skills	6	$150
	Behavior Therapy	1	$175
	Physical Therapy	1	$175
	Nursing	.5	$87.50
7/8/15	Life Skills	4	$100
	Nursing	.5	$87.50
	Physical Therapy	1	$175
	Speech Therapy	1	$175
7/9/15	Behavior Therapy	1	$175
	Life Skills	4	$100
	Occupational Therapy	1	$175
	Physical Therapy	1	$175
	Speech Therapy	1	$175
7/10/15	Behavior Therapy	1.75	$306.25
	Speech Therapy	2	$350
	Life Skills	4	$100
	Nursing	2	$87.50
7/11/15	Life Skills	6	$150
	Nursing	2	$87.50
7/12/15	Life Skills	6	$150
	Nursing	2	$87.50
7/13/15	Behavior Therapy	2	$350
	Nursing	.5	$87.50
	Life Skills	8	$200

7/14/15	Behavior Therapy	1	$175
	Nursing Care	2	$87.50
	Physical Therapy	1	$175
	Speech Therapy	1.5	$264
	Life skills	4	$100
7/15/15	Occupational Therapy	1	$175
	Life Skills	6	$150
	Nursing	.5	$87.50
7/16/15	Behavior Therapy	1	$175
	Nursing	.5	$87.50
	Life Skills	6	$150
	Physical Therapy	.75	$131.25
7/17/15	Occupational Therapy	1	$175
	Physical Therapy	.75	$131.25
	Nursing	.5	$87.50
	Life Skills	6	$150
7/18/15	Life Skills	8	$200
	Nursing	.5	$87.50
7/19/15	Life Skills	8	$200
	Nursing	.5	$87.50
7/20/15	Behavior Therapy	1	$175
	Physical Therapy	1	$175
	Nursing	.5	$87.50
	Life Skills	4	$100
7/21/15	Behavior Therapy	1	$175
	Occupational Therapy	1	$175
	Physical Therapy	1	$175
	Life Skills	4	$100
	Nursing	.5	$87.50
7/22/15	Behavior Therapy	1	$175
	Physical Therapy	1	$175
	Nursing	.5	$87.50
	Life Skills	4	$100

7/23/15	Life Skills	8	$200
	Nursing	.5	$87.50
7/24/15	Life Skills	8	$200
	Nursing	.5	$87.50
TOTAL			$31,701.50

NEURORESTORATIVE WEEKLY SCHEDULE	WEEK OF: 5/18/15- 5/24/15			PARTICIPANT: [redacted]		
Participants should be prepared to board transport 30 minutes prior to scheduled therapy session times.						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast		
					Breakfast	Breakfast
	SLP/Dina					
	RES 9:30-10:30					
SLP/Dina						
RES 10:30-11:00		OT/Ashley				
		TRAC 11-11:30				
				Spring Picnic		
Lunch	Lunch	Lunch	Lunch	**Evergreen Park**	Lunch	Lunch
				12:00-3:00		
SLP Group	**PT/Eric**	SLP Group	**PT/Eric**	**x**		
C-A 1:00-2:00	**MC 1-1:50**	C-A 1:00-2:00	**MC 1-1:50**	**x**		
Counseling Group	Counseling Group	Counseling Group	Counseling Group	**x**		
C-B 2:00-3:00	C-B 2:00-3:00	C-B 2:00-3:00	C-B 2:00-3:00	**x**		
BIT Group	**OT/Terri**	**PT/Eric**	BIT Group			
SH 3:00-4:00	**TRAC 3-3:50**	**TRAC 3-3:50**	SH 3:00-4:00			
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner

*If participants are unable to attend, refuse or are asked not to attend group sessions, LST staff should prompt/assist participants with completing contract goals and/or FRA's during group times. Expectation: 1 FRA or contract activity per scheduled group session

NEURORESTORATIVE WEEKLY SCHEDULE		WEEK OF: 5/25/15- 5/31/15		PARTICIPANT: [redacted]		
Participants should be prepared to board transport 30 minutes prior to scheduled therapy session times.						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
				OT/Ashley		
HOLIDAY!				RES 8:30-9:00		
x	Breakfast	Breakfast	Breakfast	Breakfast		
x					Breakfast	Breakfast
x						
x				SLP/Dina		
x		SLP/Dina	OT/Ashley	RES 9:30-10:00		
x		RES 10:00-10:50	TRAC 10-10:50			
x		PT/Eric		PT/Eric		
x		MC 11-11:30		MC 11-11:30		
x						
x	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
x						
x	**PT/Eric**	BIT Group	BIT Group	Group Activity		
x	**MC 1-1:50**	TH 1:00-2:00	TH 1:00-2:00	1:00-4:00		
x	SLP Group	SLP Group	SLP Group	x		
x	TH 2:00-3:00	TH 2:00-3:00	TH 2:00-3:00	x		
x	Counseling Group	Counseling Group	Counseling Group	x		
x	TH 3:00-4:00	TH 3:00-4:00	TH 3:00-4:00	x		
x						
x						
x						
x						
x	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
x						
x						
x						
x						
x						
x						
x						
x						
x						
*If participants are unable to attend, refuse or are asked not to attend group sessions, LST staff should prompt/assist participants with completing contract goals and/or FRA's during group times. Expectation: 1 FRA or contract activity per scheduled group session						

NEURORESTORATIVE WEEKLY SCHEDULE	WEEK OF: 6/1/15- 6/7/15			PARTICIPANT:	[redacted]	
Participants should be prepared to board transport 30 minutes prior to scheduled therapy session times.						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
				PT/Eric		
				MC 8:30-9:00		
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast		
					Breakfast	Breakfast
	SLP/Dina		SLP/Dina			
	RES 9:00-9:50		RES 9:00-9:50			
PT/Eric	PT/Eric			SLP/Dina		
MC 11-11:30	MC 11-11:30			RES 11:00-11:30		
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
BIT Group	BIT Group	**PT/Eric**	**OT/Ashley**	Group Activity		
TH 1:00-2:00	TH 1:00-2:00	**MC 1-1:50**	**TRAC 1-1:50**	1:00-4:00		
SLP Group	SLP Group	SLP Group	SLP Group	x		
TH 2:00-3:00	TH 2:00-3:00	TH 2:00-3:00	TH 2:00-3:00	x		
Counseling Group	**OT/Ashley**	Counseling Group	Counseling Group	x		
TH 3:00-4:00	**TRAC 3-3:50**	TH 3:00-4:00	TH 3:00-4:00	x		
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
*If participants are unable to attend, refuse or are asked not to attend group sessions, LST staff should prompt/assist participants with completing contract goals and/or FRA's during group times. Expectation: 1 FRA or contract activity per scheduled group session						

NEURORESTORATIVE WEEKLY SCHEDULE	WEEK OF: 6/8/15- 6/14/15			PARTICIPANT: [redacted]		
Participants should be prepared to board transport 30 minutes prior to scheduled therapy session times.						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast		
					Breakfast	Breakfast
				OT/Ashley		
				TRAC 9-9:50		
	SLP/Dina					
	RES 10:00-10:50					
PT/Eric			PT/Eric			
MC 11-11:30			MC 11-11:30			
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
BIT Group	BIT Group	BIT Group	BIT Group	Group Activity		
TH 1:00-2:00	TH 1:00-2:00	TH 1:00-2:00	TH 1:00-2:00	1:00-4:00		
SLP Group	SLP Group	SLP Group	SLP Group	x		
TH 2:00-3:00	TH 2:00-3:00	TH 2:00-3:00	TH 2:00-3:00	x		
Counseling Group	**PT/Eric**	Counseling Group	**OT/Ashley**	x		
TH 3:00-4:00	**TRAC 3-3:50**	TH 3:00-4:00	**TRAC 3-3:50**	x		
				SLP/Dina		
				4:00-4:50		
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner

*If participants are unable to attend, refuse or are asked not to attend group sessions, LST staff should prompt/assist participants with completing contract goals and/or FRA's during group times. Expectation: 1 FRA or contract activity per scheduled group session

NEURORESTORATIVE WEEKLY SCHEDULE	WEEK OF: 6/15/15- 6/21/15			PARTICIPANT: [redacted]		
Participants should be prepared to board transport 30 minutes prior to scheduled therapy session times.						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	OT/Ashley					
	RES 8:00-9:00					
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast		
					Breakfast	Breakfast
			OT/Kristen	Group Activity		
			TRAC 9-9:50	9:00-12:00		
				x		
				x		
Evaluation Conf.		OT/Ashley		x		
Conf B 11:00-12:00		TRAC 11-11:30		x		
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
BIT Group	BIT Group	BIT Group	**PT/Eric**			
TH 1:00-2:00	TH 1:00-2:00	TH 1:00-2:00	**TRAC 1-1:50**			
SLP Group	SLP Group	**PT/Eric**	SLP Group	SLP/Dina		
TH 2:00-3:00	TH 2:00-3:00	**TRAC 2-2:50**	TH 2:00-3:00	RES 2:00-2:50		
Counseling Group	**PT/Eric**	Counseling Group	Counseling Group			
TH 3:00-4:00	**TRAC 3-3:50**	TH 3:00-4:00	TH 3:00-4:00			
SLP/Dina						
RES 4:00-4:50						
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
*If participants are unable to attend, refuse or are asked not to attend group sessions, LST staff should prompt/assist participants with completing contract goals and/or FRA's during group times. Expectation: 1 FRA or contract activity per scheduled group session						

NEUROREST ORATIVE WEEKLY SCHEDULE	WEEK OF: 6/22/15- 6/28/15			PARTICIPANT: [redacted]		
Participants should be prepared to board transport 30 minutes prior to scheduled therapy session times.						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast		
					Breakfast	Breakfast
Complete FRA	SLP Group	SLP Group	SLP Group	SLP Group		
RES 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00		
BIT Group	**PT/Eric**	BIT Group	BIT Group	BIT Group		
PH 10:00-11:00	**TRAC 10-10:50**	PH 10:00-11:00	PH 10:00-11:00	PH 10:00-11:00		
Counseling Group	Counseling Group	Counseling Group	**PT/Eric**	Counseling Group		
PH 11:00-12:00	PH 11:00-12:00	PH 11:00-12:00	**TRAC 11-11:30**	PH 11:00-12:00		
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
PT/Eric		OT/Ashley		Group Activity		
TRAC 1-1:50		TRAC 1-1:50		1:00-4:00		
				x		
				x		
				x		
				x		
				OT/Ashley		
				TRAC 4-4:50		
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
*If participants are unable to attend, refuse or are asked not to attend group sessions, LST staff should prompt/assist participants with completing contract goals and/or FRA's during group times. Expectation: 1 FRA or contract activity per scheduled group session						

NEURORESTORATIVE WEEKLY SCHEDULE		WEEK OF: 6/29/15- 7/5/15		PARTICIPANT: [redacted]		
Participants should be prepared to board transport 30 minutes prior to scheduled therapy session times.						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
				HOLIDAY!		
Breakfast	Breakfast	Breakfast	Breakfast	x		
				x	Breakfast	Breakfast
Complete FRA	SLP Group	SLP Group	SLP Group	x		
RES 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00	x		
BIT Group	BIT Group	BIT Group	BIT Group	x		
PH 10:00-11:00	PH 10:00-11:00	PH 10:00-11:00	PH 10:00-11:00	x		
Counseling Group	Counseling Group	Counseling Group	Counseling Group	x		
PH 11:00-12:00	PH 11:00-12:00	PH 11:00-12:00	PH 11:00-12:00	x		
				x		
Lunch	Lunch	Lunch	Lunch	x	Lunch	Lunch
				x		
		OT/Ashley		x		
		TRAC 1-1:50		x		
SLP/Amanda	PT/Eric	PT/Eric	OT/Ashley	x		
2:00-2:30	TRAC 2-2:50	TRAC 2-2:50	TRAC 2-2:50	x		
			PT/Eric	x		
			TRAC 3-3:50	x		
				x		
				x		
				x		
				x		
Dinner	Dinner	Dinner	Dinner	x	Dinner	Dinner
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
				x		
*If participants are unable to attend, refuse or are asked not to attend group sessions, LST staff should prompt/assist participants						
with completing contract goals and/or FRA's during group times. Expectation: 1 FRA or contract activity per scheduled group session						

NEURORESTORATIVE WEEKLY SCHEDULE		WEEK OF: 7/6/15- 7/12/15		PARTICIPANT: [redacted]		
Participants should be prepared to board transport 30 minutes prior to scheduled therapy session times.						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast		
					Breakfast	Breakfast
Complete FRA	SLP Group	SLP Group	SLP Group			
RES 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00			
BIT Group	BIT Group	BIT Group	BIT Group			
PH 10:00-11:00	PH 10:00-11:00	PH 10:00-11:00	PH 10:00-11:00			
Counseling Group	Counseling Group	Counseling Group	Counseling Group			
PH 11:00-12:00	PH 11:00-12:00	PH 11:00-12:00	PH 11:00-12:00			
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
		PT/Eric		Group Activity		
		TRAC 1-1:50		1:00-4:00		
	PT/Eric	OT/Ashley	PT/Eric	x		
	TRAC 2-2:50	TRAC 2-2:50	TRAC 2-2:50	x		
				x		
				x		
OT/Ashley						
TRAC 4-4:50						
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner

*If participants are unable to attend, refuse or are asked not to attend group sessions, LST staff should prompt/assist participants with completing contract goals and/or FRA's during group times. Expectation: 1 FRA or contract activity per scheduled group session

NEURORESTORATIVE WEEKLY SCHEDULE	WEEK OF: 7/13/15- 7/19/15			PARTICIPANT: [redacted]		
Participants should be prepared to board transport 30 minutes prior to scheduled therapy session times.						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast		
					Breakfast	Breakfast
Complete FRA	SLP Group	SLP Group	SLP Group	Group Activity		
RES 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00	9:00-12:00		
BIT Group	BIT Group	BIT Group	BIT Group	x		
PH 10:00-11:00	PH 10:00-11:00	PH 10:00-11:00	PH 10:00-11:00	x		
Counseling Group	Counseling Group	**OT/Ashley**	Counseling Group	x		
PH 11:00-12:00	PH 11:00-12:00	**TRAC 11-11:30**	PH 11:00-12:00	x		
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
	SLP/Amanda					
	1:00-1:30					
	PT/Eric		PT/Eric			
	TRAC 2-2:50		TRAC 2-2:50			
PT/Eric				PT/Eric		
TRAC 3-3:50				TRAC 3-3:50		
OT/Ashley				OT/Ashley		
TRAC 4-4:50				TRAC 4-4:50		
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
*If participants are unable to attend, refuse or are asked not to attend group sessions, LST staff should prompt/assist participants with completing contract goals and/or FRA's during group times. Expectation: 1 FRA or contract activity per scheduled group session						

NEURORESTORATIVE WEEKLY SCHEDULE	WEEK OF: 7/20/15- 7/26/15			PARTICIPANT:	[redacted]	
Participants should be prepared to board transport 30 minutes prior to scheduled therapy session times.						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast		
					Breakfast	Breakfast
Complete FRA	SLP Group	SLP Group	SLP Group			
RES 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00			
BIT Group	BIT Group	BIT Group	**OT/Ashley**			
PH 10:00-11:00	PH 10:00-11:00	PH 10:00-11:00	**TRAC 10-10:50**			
Counseling Group	Counseling Group	Counseling Group	Counseling Group			
PH 11:00-12:00	PH 11:00-12:00	PH 11:00-12:00	PH 11:00-12:00			
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
				Group Activity		
				1:00-4:00		
PT/Eric	OT/Ashley	PT/Eric	PT/Eric	x		
TRAC 2-2:50	TRAC 2-2:50	TRAC 2-2:50	TRAC 2-2:50	x		
	PT/Eric	SLP/Amanda		x		
	TRAC 3-3:50	RES 3:00-3:30		x		
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner

*If participants are unable to attend, refuse or are asked not to attend group sessions, LST staff should prompt/assist participants with completing contract goals and/or FRA's during group times. Expectation: 1 FRA or contract activity per scheduled group session

NEURORESTORATIVE WEEKLY SCHEDULE	WEEK OF: 7/27/15- 8/2/15			PARTICIPANT:	[redacted]	
Participants should be prepared to board transport 30 minutes prior to scheduled therapy session times.						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	OT/Ashley & Carey					
	RES 7:00-8:00					
Breakfast	Breakfast	Breakfast	Breakfast	Breakfast		
					Breakfast	Breakfast
Complete FRA	SLP Group	SLP Group	SLP Group			
RES 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00	PH 9:00-10:00			
BIT Group	BIT Group	BIT Group	**OT/Ashley**			
PH 10:00-11:00	PH 10:00-11:00	PH 10:00-11:00	**RES 10-10:50**			
Counseling Group	Counseling Group	Counseling Group	Counseling Group			
PH 11:00-12:00	PH 11:00-12:00	PH 11:00-12:00	PH 11:00-12:00			
Lunch	Lunch	Lunch	Lunch	Lunch	Lunch	Lunch
				Group Activity		
				1:00-4:00		
	PT/Eric	PT/Eric	PT/Eric	x		
	TRAC 2-2:50	TRAC 2-2:50	TRAC 2-2:50	x		
				x		
				x		
Dinner	Dinner	Dinner	Dinner	Dinner	Dinner	Dinner
*If participants are unable to attend, refuse or are asked not to attend group sessions, LST staff should prompt/assist participants with completing contract goals and/or FRA's during group times. Expectation: 1 FRA or contract activity per scheduled group session						