



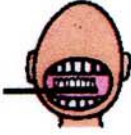


PERSONAL CARE PLAN

| How often do I? | Daily | Regularly |
|---------------------|-------|-----------|
| Change underwear | | |
| Change socks? | | |
| Brush teeth | | |
| Shower | | |
| Change clothes | | |
| Wash/condition hair | | |
| Cut hair | | |
| Cut nails | | |

Personal Care Plan

| How often do I? | Daily | Regularly |
|--|-------|-----------|
| underwear  | | |
| wash hair  | | |
| socks  | | |
| shower  | | |
| brush teeth  | | |