

HOME AND COMMUNITY BASED WAIVER PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name/ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A full description of the services provided that covers the entire shift; 2) What choices of activities made; and 3) Issues or concerns regarding the well being of the participant;

Date Service Provided MM/DD/YY	

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