



## MISSED ACTIVITY REPORT

Support Service Professional: \_\_\_\_\_ Individual: \_\_\_\_\_

**Service (check only one):**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> In-Home & Comm (W7060)           | <input type="checkbox"/> Companion (W1726)                  | <input type="checkbox"/> Supported Employment –Assessment (W7235)        |
| <input type="checkbox"/> In-Home & Comm (2:1 – W7068)     | <input type="checkbox"/> Homemaker/Chore (W7283)            | <input type="checkbox"/> Supported Employment – Finding/Develop (H2023)  |
| <input type="checkbox"/> In-Home & Comm Enh (W7061)       | <input type="checkbox"/> Supports Broker (W7096)            | <input type="checkbox"/> Supported Employment – Coaching/Support (W9794) |
| <input type="checkbox"/> In-Home & Comm Enh (2:1 - W7069) | <input type="checkbox"/> Respite – day (W9798)              | <input type="checkbox"/> Respite – 15 min (2:1 – W9864)                  |
| <input type="checkbox"/> Respite – 15 min (W9862)         | <input type="checkbox"/> Respite – day (2:1 W9800)          | <input type="checkbox"/> Respite – 15 min Enh (W9863)                    |
| <input type="checkbox"/> Respite – 15 day Enh (W9799)     | <input type="checkbox"/> Respite – 15 min Enh (2:1 – W8095) | <input type="checkbox"/> Respite – day Enh (2:1 – W9801)                 |

**Missed Activity**

• Missed Start Activity

Start Date: \_\_\_\_\_

Start Time: \_\_\_\_\_

Start Location: \_\_\_\_\_

Reason for Missed Activity: \_\_\_\_\_

\_\_\_\_\_

• Missed Finish Activity

Finish Date: \_\_\_\_\_

Finish Time: \_\_\_\_\_

Finish Location: \_\_\_\_\_

Reason for Missed Activity: \_\_\_\_\_

\_\_\_\_\_

\*This report must be submitted via email ([awc@yourawc.org](mailto:awc@yourawc.org)) or fax (724-225-4934) within 24 hours of the missed activity/punch/IVR.

**Attestation:**

My signature certifies that I provided/received the service described above. I understand that payment for this service will be from federal and state funds, and that any false claims, statements, documents, or concealment of facts may be prosecuted under applicable federal and/or state law.

Support Service Professional: \_\_\_\_\_ Date: \_\_\_\_\_

Managing Employer Approval: \_\_\_\_\_ Date: \_\_\_\_\_