



Service Note

**Completion required at end of service*

Individual: _____ Support Service Professional : _____

Service Provided: (MUST check only one service from the list below)

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

Date of Service: _____ Start Time: _____ End Time: _____

Location(s) service was delivered: _____

Sufficiently describe the activities and supports provided. The note should relate to the goals/outcomes identified in the ISP for the type, frequency and duration of the service being provided (i.e.: Home & Community, Companion, etc.)

(electronic signature is acceptable)

Signature of SSP: _____ Date: _____

Degree/License/Certificate (required for Enhanced Services Only): _____

Signature of Managing Employer: _____ Date: _____