WEST VIRGINIA I/DD WAIVER DIRECT SUPPORT SERVICE LOG

		(To be u	sed with Tr	aditiona	I and Ag	gency	with Choic	ce Service M	1odels)		
Member Name						ervic genc		dination			
Month of Se	rvice						f Servic	e			
Service Name			Service Code		Identifier (ID)			Total Time Per For This P			
						1					
						2					
	*If trair	ning w	as prov	ided,	Task	Ana	ılysis r	nust be	com	pleted ³	k
Date	Identi- fier	Start Ti am/pm			Time am		Total Ti		Was	training ided?	Provider/Staff Initials
Provider/Staf	f Name	Prov	/ider/Staff	Signa	ture	Pro	vider/St	aff Name	Pro	vider/St	aff Signature

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WEST VIRGINIA I/DD WAIVER DIRECT SUPPORT PROGRESS NOTE

(To be used with Traditional and Agency with Choice Service Models and if something out of the ordinary occurs while providing services)

Member Name		Service Coordination
		Agency
Month of Service		Year of Service
Date	Time	AM Provider/Staff PM Initials
Were there any parts of the gos behaviors, etc.)? Did the mem	al in which the member did espec ber require more support than us	cially well or poor? Did anything out of the ordinary occur (such as illness, sual? How did the member respond to support and services provided?
Date	Time	AM Provider/Staff
		PM Initials
Date	Time	AM Provider/Staff PM Initials
Date	Time	AM Provider/Staff PM Initials
Date	Time	AM Provider/Staff PM Initials
Provider/Staff Name	Provider/Staff Signatu	ure Provider/Staff Name Provider/Staff Signature

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WEST VIRGINIA I/DD WAIVER TRANSPORTATION LOG

(To be used with Traditional and Agency with Choice Service Delivery Models and if applicable)

Service Code (Use separate pages for miles and trips):

A0160HI (Miles)

A0121HI (Trip)

Se	ervice Code (U	se separate pages for miles	s and trips):A0160HI (N	/illes) ∐AU121HI (Trip)
Member Name			Service Coordination Agency	
Month of Service			Year of Service	
Date	Travel From (starting location)	Travel To (end location)	Reason for Travel (recorrespond to an objective of member's IPP)	must on the Miles or Trips Provider/ Staff Initials
	-/0:- / N		Total Miles for 1	This Page le Provider/Staff Signature
Provide	er/Staff Name	Provider/Staff Signat	ture Provider/Staff Nam	le Provider/Staff Signature