



**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)

<b>Member Name</b>		<b>Service Coordination Agency</b>	
<b>Month of Service</b>		<b>Year of Service</b>	

<b>Date</b>		<b>Time</b>		<b>AM PM</b>	<b>Provider/Staff Initials</b>	
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Were there any parts of the goal in which the member did especially well or poor? Did anything out of the ordinary occur (such as illness, behaviors, etc.)? Did the member require more support than usual? How did the member respond to support and services provided?

<b>Date</b>		<b>Time</b>		<b>AM PM</b>	<b>Provider/Staff Initials</b>	
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<b>Date</b>		<b>Time</b>		<b>AM PM</b>	<b>Provider/Staff Initials</b>	
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<b>Date</b>		<b>Time</b>		<b>AM PM</b>	<b>Provider/Staff Initials</b>	
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<b>Date</b>		<b>Time</b>		<b>AM PM</b>	<b>Provider/Staff Initials</b>	
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<b>Provider/Staff Name</b>	<b>Provider/Staff Signature</b>	<b>Provider/Staff Name</b>	<b>Provider/Staff Signature</b>

