WEST VIRGINIA I/DD WAIVER
DIRECT SUPPORT SERVICE LOG

(To be used with Traditional Service Delivery Models)

Name of Person Who Receives Services		**Provider Agency**	
Month of Service		**Year of Service**	

Service Name	Service Code	Identifier (ID)	Total Time Per Service For This Page
		1	
		2	

If training was provided, Task Analysis must be completed

Date	ID	Start Time am/pm	Stop Time am/pm	Total Time	Was training provided? (Y/N)	Provider/Staff Initials

Provider/Staff Name	Provider/Staff Signature	Provider/Staff Name	Provider/Staff Signature

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WEST VIRGINIA I/DD WAIVER
DIRECT SUPPORT PROGRESS NOTE

(To be used with Traditional Service Delivery Model
and if something out of the ordinary occurs while providing services)

Name of Person Who Receives Services		**Provider Agency**	
Month of Service		**Year of Service**	

Date		**Time**	**AM PM**	**Provider/Staff Initials**	

Were there any parts of the goal in which the person did especially well or poor? Did anything out of the ordinary occur (such as illness, behaviors, etc.)? Did the person require more support than usual? How did the person respond to support and services provided?

Date		**Time**	**AM PM**	**Provider/Staff Initials**	

Date		**Time**	**AM PM**	**Provider/Staff Initials**	

Date		**Time**	**AM PM**	**Provider/Staff Initials**	

Date		**Time**	**AM PM**	**Provider/Staff Initials**	

Provider/Staff Name	Provider/Staff Signature	Provider/Staff Name	Provider/Staff Signature

WEST VIRGINIA I/DD WAIVER
TRANSPORTATION LOG

(To be used with Traditional Service Delivery Model and if applicable)

Service Code (Use separate pages for miles and trips): ☐ **A0160 U1 (Miles)** ☐ **A0120 HI (Trip)**

Name of Person Who Receives Services		**Provider Agency**	
Month of Service		**Year of Service**	

Date	**Travel From (starting address)**	**Travel To (end address)**	**Reason for Travel** (must correspond to an objective on the IPP)	**Starting Odometer Reading** (optional)	**Ending Odometer Reading** (optional)	**Total Miles or Trips**	**Provider Initials**
			Total Miles for This Page				

Provider/Staff Name	**Provider/Staff Signature**	**Provider/Staff Name**	**Provider/Staff Signature**