## WEST VIRGINIA I/DD WAIVER **DIRECT SUPPORT SERVICE LOG**

		(10 be used	with frac	altional Serv	ice Delive	ry Models)		
Name of Person Who Receives Services  Month of Service  Service Name				Provide	er Agency			
			Year of Service					
		Service Code		Identif (ID)			otal Time Per Service For This Page	
				1				5~
				2				
*	lf trainiı	ng was prov	ided, 1	Task Ana	alysis n	nust be	complete	d*
Date	ID	Start Time am/pm	Stop	<b>p Time</b> n/pm		l Time	Was training provided?  (Y/N)	Provider/Staff Initials
Provider/Sta	aff Name	Provide Signa		Pro	vider/Sta	aff Name		der/Staff nature

Page \_\_\_ of \_\_\_

## 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		_			Provider Agency			
Receives Services								
Month of Service				Year of Servic	e			
Date			Time		AM	Provider/S	taff	
					PM	Initials		
			vhich the person dic son require more su					rdinary occur (such as
provided?	naviors, etc.,. Dia	the per	son require more so	apport than	usuai. How ala til	e person respo	iiu to su	pport una services
Date			Time		AM	Provider/S	taff	
					PM	Initials		
Date			Time		AM	Provider/S	taff	
					PM	Initials		
Date			Time		AM	Provider/S	taff	
					PM	Initials		
Date			Time		AM	Provider/S	taff	
Date			Tillie		PM	Initials		
	10: 60:			66		66.21		
Provide	er/Staff Name		Provider/St		Provider/St	aff Name		Provider/Staff
			Signature					Signature

Page	(	of

## 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)

Service Code (Use separate pages for miles and trips) A0160 01 (Miles) A0120 H1 (171p)							ip)
Name of Person Who Receives Services				Provider Agen	су		
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		e Pro	ovider/Staff Signature	Provider/Staff	Name	Provider/ Signatu	