

**Shared Living – SERVICE DELIVERY DOCUMENTATION FORM –**

County \_\_\_\_\_

INDIVIDUAL'S NAME: \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

PLACE OF SERVICE (Address): \_\_\_\_\_

PROVIDER #: \_\_\_\_\_

INDIVIDUAL'S MEDICAID #: \_\_\_\_\_

SERVICE MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ ISP Span: \_\_\_\_\_

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
# OF INDIVIDUALS SHARING SUPPORTS, if other than 1:1.																																
Supports in Plan Duration / Frequency																																

Sample Key (staff initials = service delivered R = refused service ND = Not Delivered)

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INDIVIDUAL'S MEDICAID #: \_\_\_\_\_

SERVICE MONTH: \_\_\_\_\_ YEAR: \_\_\_\_\_ ISP Span: \_\_\_\_\_

Date	Location of Services is Address of Service, unless otherwise noted below	Start Time	End time

Notes/Observations:

Date	Note	Initials

*Outcome Documentation (if applicable) to be maintained on separate Outcome Documentation sheet*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ INITIALS: \_\_\_\_\_ DATE: \_\_\_\_\_