



**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	Chris Samples	Service Coordination Agency	Community Services, Inc.
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Month of Service	October	Year of Service	2011
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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?

Date	10/1/2011	Time	7:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials	JS
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Chris did really well with brushing his teeth this morning. He didn't need as much hands on assistance and could complete more of the task with verbal prompts instead.

Date	10/3/2011	Time	9:00	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials	JS
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Chris did not sleep well last night. Because of this, he did not do as well with these tasks as he usually has been.

Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials	
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Notes in these boxes do not have to be completed on a daily basis, but only if something out of the ordinary occurs--did they do especially well or poor? Were they sick? Behavioral issues, etc.?

Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials	
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Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials	
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Provider/Staff Name:	John Samples, Community Residential Habilitation Provider
Provider/Staff Signature:	<i>John Samples</i>

**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):     A0160 HI (MILES)     A0121 HI (TRIP)

Member Name	Chris Samples	Service Coordination Agency	Community Services, Inc.
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Month Of Service	October	Year Of Service	2011
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Date	Travel From (Starting Location)	Travel To (End Location)	Reason For Travel (Must Correspond To An Objective On The Member's IPP)	Total Miles Or Trips	✓ If Round Trip	Provider/ Staff Initials
10/1/2011	Client Home	Wendy's	Restaurant Utilization	18	✓	JS
	Dunbar	Dunbar				
10/2/2011	Client Home	Dr. Bob	Eye Appointment	10		JS
	Dunbar	Nitro				
10/2/2011	Dr. Bob	PT Specialists	Physical Therapy	2		JS
	Nitro	Nitro				
10/2/2011	PT Specialists	Client Home	Return Home	9		JS
	Nitro	Dunbar				
<b>Total Miles For This Page</b>				<b>39</b>		

Provider/Staff Name:	John Samples, Community Residential Habilitation Provider
Provider/Staff Signature:	<i>John Samples</i>