

**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		Service Coordination Agency	Community Services, Inc.
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Month of Service		Year of Service	2012
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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		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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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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Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials	
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Provider/Staff Name:							Respite Provider
Provider/Staff Signature:							

