

**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	4:45	<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Provider/Staff Initials	BS
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Chris became upset because the movie we went to was too noisy. We left the movie, but he sat down on the floor in the lobby and wouldn't get up until a group of small children left.

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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Date		Time		<input type="checkbox"/> AM <input type="checkbox"/> PM	Provider/Staff Initials	
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Provider/Staff Name:	Bill Smith, Respite Provider
Provider/Staff Signature:	<i>Bill Smith</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	Movie Theater	Movie	18	✓	BS
	Dunbar	Cross Lanes				
10/3/2011	Client Home	Bowling Alley	Birthday party	10		BS
	Dunbar	Nitro				
10/3/2011	Bowling Alley	Blockbuster	Rent game	3		BS
	Nitro	St. Albans				
10/3/2011	Blockbuster	Client Home	Return home	4		BS
	St. Albans	Dunbar				
Total Miles For This Page				35		

Provider/Staff Name:	Bill Smith, Respite Provider
Provider/Staff Signature:	<i>Bill Smith</i>