

MONTHLY	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	
MONTHLY																																
MONTHLY	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	

QUARTERLY/YEARLY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER

WAIVER RECIPIENT: _____ ADDRESS: _____

MEDICAID#: _____ PROVIDER NAME: _____ PROVIDER VENDOR#: _____ DODD CONTRACT# _____

MONTH/YEAR _____ STANDARD STAFFING RATION: 1:1, 1:2 TRAINING RATIO: 1:1 (REQUIRED ONLY IF OTHER CONSUMERS NEEDS COULD NOT BE MONITORED CONCURRENTLY)

CASE LOG FOR: OBSERVATIONS/ COMMENTS/ UNUSUAL OCCURRENCES/ SERVICE REFUSALS/ LOCAION OF SERVICE IF OTHER THAN THE HOME

DATE	ENTERY & INITIALS

I CERTIFY THAT I PROVIDED THE SERVICES AS NOTED IN THIS RECORD IN ACCORDANCE WITH THE WAIVER RECIEPIENT’S ISP.

SIGNATURE		INITIALS	
*Reviewed UI/MUI for trends/patterns: (list date and initial on blanks)			
WK 1	WK2	WK3	WK4
MONTH		QUARTERLY	YEARLY