

**Narrative Note: Monthly Supported Employment**

Agency Name: \_\_\_\_\_ Service Month/Year \_\_\_\_\_

Consumer Name: \_\_\_\_\_ TABS ID: \_\_\_\_\_ Medicaid ID: \_\_\_\_\_

Primary Service Location: \_\_\_\_\_

Was Individual Employed for at least 2 days during Month? Yes  No:

Date of Service: \_\_\_\_\_ Face-to-Face Contact? Yes:  No:   
Was Contact @ Job Site? Yes:  No:

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Staff Signature/Title: \_\_\_\_\_ Date Note Written: \_\_\_\_\_ (attach additional sheets if needed)

Date of Service: \_\_\_\_\_ Face-to-Face Contact? Yes:  No:   
Was Contact @ Job Site? Yes:  No:

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Staff Signature/Title: \_\_\_\_\_ Date Note Written: \_\_\_\_\_ (attach additional sheets if needed)

At least one note should summarize the implementation of the person's Monthly Supported Employment Habilitation Plan, address the consumer's response to services and discuss any issues or concerns. Note: if consumer is not employed, at least 4 narrative notes must be completed during the month (at least 2 of these notes documenting face-to-face services). This means at least two of these sheets must be completed to support the payment of Monthly SEMP provided to a consumer who is not employed.