

**INSTRUCTIONS FOR COMPLETING THE
IRA RES HAB MONTHLY SUMMARY NOTE**

AGENCY NAME = Enter the name of the Agency providing the IRA Res Hab service.

CONSUMER NAME = Enter the name of the consumer who is receiving the IRA Res Hab service.

MEDICAID CIN NUMBER = Enter the consumer's Medicaid client identification number (CIN). (e.g., AA12345B)

MONTH / YEAR OF SERVICE DELIVERY = Enter the month and year in which the IRA Res Hab service(s) was provided.
(e.g., 10/02)

IRA ADDRESS = Enter the address of the IRA residence where the service was provided. [*note: if the consumer resided at more than one IRA site during the month, enter the address of the site where the consumer last resided during the month*]

SUMMARY NOTE = Provide a narrative that summarizes the implementation of the individual's Residential Habilitation plan, and addresses the consumer's response to the services provided and any issues or concerns.

STAFF SIGNATURE = This is the signature of the staff person who wrote the summary note.

TITLE = This is the title of the staff person who wrote the summary note.

DATE = Enter the date, in month-day-year format, that the summary note was written.