

**Directions for Completing the Supervised IRA or CR Residential Habilitation
Monthly Summary Note**

Agency Name:	Name of Residential Habilitation agency
Individual Name:	“First Name Last Name” of person receiving Residential Habilitation services.
Month / Year:	Enter the month and year that services are being documented. Services delivered during different months cannot be combined on a single form.
Medicaid CIN #:	The individual’s Medicaid ID Number or CIN (an 8-digit number in the following format, AA12345A).
Primary Service Location:	Street address where Residential Habilitation services are commonly provided.
Summary Note:	Provide a narrative that summarizes the implementation of the individual’s Residential Habilitation Plan, and addresses the individual’s response to the services provided and any issues or concerns.
Signature of staff person writing the note:	This is the signature of the staff person who wrote the summary note.
Staff Title:	This is the title of the staff person who wrote the summary note.
Date:	Enter the month, day and year that the staff person completed the daily narrative note.