

## **INSTRUCTIONS FOR COMPLETING MONTHLY SUMMARY NOTE FOR IRA OR CR RESIDENTIAL HABILITATION**

AGENCY NAME = Enter name of the Agency providing the IRA or CR Residential Habilitation service.

INDIVIDUAL NAME = Enter name of the individual who is receiving the IRA or CR Residential Habilitation service.

MEDICAID CIN # = Enter individual's Medicaid client identification number (CIN), e.g., AA12345B.

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

IRA OR CR ADDRESS = Enter address of the IRA or CR where service was provided.  
[Note: if the individual resided at more than one site during the month, enter the address of the site where the individual last resided during the month.]

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.

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 = This is the date, in MM/DD/YY format, that the summary note was written.