Prevocational Services Documentation Record - Individual Summary Sheet

AGENCY: _____ **Month/Year of Service:** _____

CONSUMER NAME: _____ **TABS ID:** _____ **MEDICAID # :** _____

SITE ADDRESS: _____

P prgm day/ N not prgm day	DESCRIPTION OF THE INDIVIDUALIZED STAFF SERVICE / ACTION PROVIDED (based on the consumer's Prevocational Services Plan)	STAFF PROVIDING SERVICE / ACTION MUST INITIAL THE DATE THE SERVICE / ACTION WAS PROVIDED. (NOTE: by entering initials, staff are attesting that the service/action was provided on that day. Initialing **must** occur at the same time as service delivery.)															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	TOTAL # of SERVICES																
If Consumer Received Other MA Service	Time left Prevoc																
	Time Rtrn Prevoc																
TOTAL PRGM DAY DURATION (circle one) F=Full: 4 or more hours / H=Half: 2 hours up to 4 hours / L2=less than 2 hours		F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2

Staff Signature Log

Signature	Print Name	Initials	Title

By signing below staff are verifying that on each service date recorded on this form, the program day duration is accurately documented.

Signature _____ Print Name _____ Title _____

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		17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	TOTAL # of SERVICES															
If Consumer Received Other MA Service	Time left Prevoc															
	Time Rtrn Prevoc															
TOTAL PRGM DAY DURATION (circle one) **F=Full: 4 or more hours / H=Half: 2 hours up to 4 hours / L2=less than 2 hours**		F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2	F H L2

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Signature _____ Print Name _____ Title _____

PREVOCATIONAL SERVICES
MONTHLY SUMMARY NOTE

AGENCY: _____ **MONTH / YR OF SERV. DELIVERY:** _____

CONSUMER NAME: _____ **TABS ID:** _____ **MEDICAID # :** _____

SITE LOCATION: _____

Provide a narrative that summarizes the implementation of the Prevocational Services plan, and addresses the consumer's response to the services provided and any issues or concerns.

_____

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_____ _____ _____

SIGNATURE OF STAFF PERSON WRITING THE NOTE ***TITLE*** ***DATE***