

Consumer: _____ DOB: _____ Date of Service: _____

W5996 Level 3 (1 staff/1 consumer)	Authorized Hours per Week/month:
W9351 Level 2 (1 staff/2 consumers)	Authorized Hours per Week/month:

Time In:	AM	Time Out:	AM	TOTAL:	
	PM		PM		

OUTCOME PHRASE:	LOCATION: COMMUNITY
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ACTIVITIES:

RESPONSE

PROGRESS (MARK THE APPROPRIATE BOX) MAKING PROGRESS MAINTAINING LACK of PROGRESS

STAFF/CSS PRINTED NAME/SIGNATURE: _____ DATE: _____

7/29/19

PO BOX 359, Bellefonte PA 16823/FAX 888-416-6746/MAIN OFFICE 800-322-9292