

Care for People Plus, Inc. MPI# 001949838

IN HOME AND COMMUNITY SUPPORT DAILY DOCUMENTATION

Page _____ of _____

Consumer: _____ DOB: _____ Date of Service: _____

W7060 Level 2 (1 staff/1 consumer)	Authorized Hours per Week/Month: _____
W7059 Level 1 (1 staff/2 consumers)	

Time In: _____	AM PM	Time Out: _____	AM PM	TOTAL: _____
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OUTCOME PHRASE:	LOCATION:
ACTIVITY:	
ACTIONS:	
RESPONSE:	

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

OUTCOME PHRASE:	LOCATION:
ACTIVITY:	
ACTIONS:	
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