

Consumer: _____ DOB: _____ Date of Service: _____

W7061 Service Qualifications	
W7061 In-Home & Community Supports (Lvl 2 Enh)	Authorized Hours per Week/month:

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

OUTCOME PHRASE:	LOCATION:
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ACTIVITIES:

RESPONSE

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

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