CARE for PEOPLE PLUS, Inc. **MPI 001949838**

W7061 In Home Community Supports Enhanced DOCUMENTATION

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Consumer:_____ DOB:_____ Date of Service: _____

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

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

OUTCOME PHRASE:	LOCATION:
ACTIVITIES:	
RESPONSE	
PROGRESS (MARK THE APPROPRIATE BOX) ☐ MAKING PROGRESS ☐ MAINTAINING ☐ LACK of PROGRESS	

STAFF/CSS PRINTED NAME/SIGNATURE:_____DATE:_____

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