

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: \_\_\_\_\_