



NO PROVISION of SERVICES

Individual Name _____ CSS Name _____

Care for People Plus, Inc. (CFP+) is required to provide services as authorized by the Office of Developmental Programs (ODP). Services need to be provided in the frequency and amount authorized in the Individual Support Plan (ISP). When services are not provided as authorized, we need to document when and why those services were not provided. Any time you do not provide the total hours authorized in a week or month for any services, In Home and Community Services (IHCS), Companion, or Community Participation Supports (CPS), you need to submit this form. It will be kept on record in the event of questions related to an audit.

IN HOME & COMMUNITY SUPPORT Week or Month Services not provided: _____

Amount of Service Authorized (Just like on the documentation forms): _____

Number of hours not provided: _____

Give explicit reason services were not provided (examples: staff/ individual was ill, individual/family chose not to have services, vacation, family emergency, appointment, etc): _____

COMPANION SUPPORT Week or Month Services not provided: _____

Amount of Service Authorized (Just like on the documentation forms): _____

Number of hours not provided: _____

Give explicit reason services were not provided (examples: staff/ individual was ill, individual/family chose not to have services, vacation, family emergency, appointment, etc): _____

COMMUNITY PARTICIPATION SUPPORT Week or Month Services not provided: _____

Amount of Service Authorized (Just like on the documentation forms): _____

Number of hours not provided: _____

Give explicit reason services were not provided (examples: staff/ individual was ill, individual/family chose not to have services, vacation, family emergency, appointment, etc): _____

Individual Signature _____ Date : _____

CSS Printed Name _____ Phone # _____

CSS Signature _____ Date: _____