

MICHELLE P AND ABI/ABI-LT PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

MICHELLE P AND ABI/ABI-LT PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	

MICHELLE P AND ABI/ABI-LT PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION

Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation

Participant Name & ID #: _____

Employee Name & ID #: _____

For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.

Date Service Provided (MM/DD/YY)	