WEST VIRGINIA I/DD WAIVER **DIRECT SUPPORT SERVICE LOG**

		(10 be used	With ITa	ultional Se	rvice Delive	ery Models)			
Name of Person Who Receives Services				Provi	der Agenc				
Month of Service				Year	of Service				
Service Name		Service	Service Code		Identifier To		otal Time Per Service		
				(1)			For This Pag	ge	
				2	2				
*	f trainiı	ng was prov	ided,	Task Aı	nalysis	must be	complete	 d*	
Date	ID	Start Time am/pm	Sto	op Time m/pm		al Time	Was training provided? (Y/N)	Provider/Staff Initials	
							(1714)		
Provider/Sta	aff Name	Provide Signat		Pr	ovider/St	aff Name		der/Staff nature	
i e		i de la companya de					i i		

Page ___ of ___

WEST VIRGINIA I/DD WAIVER DIRECT SUPPORT PROGRESS NOTE

(To be used with Traditional Service Delivery Model

and if something out of the ordinary occurs while providing services)

Name of Person Who			Provider Agency					
Receives	eives Services							
Month o	f Service				Year of Servic	е		
Date			Time		AM PM	Provider/S Initials		
								ordinary occur (such as upport and services
Date			Time		AM PM	Provider/S Initials		
Date			Time		AM PM	Provider/S Initials		
Date			Time		AM PM	Provider/S Initials		
Date			Time		AM PM	Provider/S Initials	taff	
Provide	er/Staff Name	:	Provider/St Signature		Provider/St	aff Name		Provider/Staff Signature

P	aş	ξe	of	

WEST VIRGINIA I/DD WAIVER TRANSPORTATION LOG

(To be used with Traditional Service Delivery Model and if applicable)

Service Code (Use separate pages for miles and trips):

A0160 U1 (Miles) A0120 HI (Trip)

		II	dages for filles and trips).			A0120111 (11	·P/
Name of Person Who Receives Services				Provider Agend	У		
Month of Service				Year of Service			
Date	Travel From (starting address)	Travel To (end address)	Reason for Travel (must correspond to an objective on the IPP)	Starting Odometer Reading (optional)	Ending Odometer Reading (optional)	Total Miles or Trips	Provider Initials
		Total	Miles for This Page				
Provider/Staff Name		e Pro		Provider/Staff	Name	Provider/ Signatu	