## Shared Living – WAIVER SERVICE DELIVERY DOCUMENTATION – Cuyahoga County

CONSUMER NAME:

ADDRESS OF SERVICE:

PROVIDER:

PROVIDER #:

MEDICAID #:

SERVICE MONTH: YEAR:

DATE	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Supports in Plan Duration / Frequency																															
# OF INDIVIDUALS SHARING SUPPORTS , if other than 1:1.																															
														<u>R</u> =	Ref	used		ND	) = N(	ot De	liver	ed_									

This is a sample documentation, providers are responsible for creating their own documentation to meet provider standards. Please visit www.dodd.ohio.gov for current Rules & Laws

*ALL SERVICES ARE PROVIDED IN THE PERSON'S HOME UNLESS OTHERWISE NOTED IN THE COMMENTS SECTION BELOW.
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DATE Service location, if other than home, problems delivering services, refusal, unusual incidents & reasons, etc.

PROVIDER SIGNATURE:	DATE: INITIALS: DATE:

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