



SD MONTHLY SUMMARY NOTE - January / 2017 for  
Month/Year

**Sally Jones**  
Participant's Name

FI Agency: Independent Support Services

Was a circle meeting held this month?  Yes  No

This form must be completed by you, the person receiving SD services, or by your designee every month.

- In the box below, please check off all the activities/expenses from your SD budget that you used this month.
- Each of the Valued Outcomes related to your SD self-hired staff is listed below. For each Valued Outcome, please write down the activities you participated in that relate to that valued outcome. Please use full sentences (or as much detail as possible) to discuss which services and supports you received to help you participate in these activities, and please fill each box. Also, discuss your progress, how these activities are helping you reach your valued outcomes and whether you would like any changes to your services and supports. **You MUST complete these sections if you have self-hired staff.**

This month I used the following items that are included in my ISP and/or SD Plan/Budget (check all that apply):

Don't forget to sign at the bottom of the page!

- Advertising for staff
- Mileage – Service Related
- Gym/health club membership
- Classes
- Staff activity costs
- Mileage – Personal Use
- Equine therapy
- Other costs (specify): \_\_\_\_\_
- Household supports (including rent, utilities, repairs & maintenance, food, household supplies, insurance, etc.)
- Massage therapy
- Music therapy
- Other therapy (specify): \_\_\_\_\_

**1<sup>st</sup> Valued Outcome and associated supports & services (these valued outcomes will match the SD valued outcomes in your ISP): (Pre-filled by ISS) (Example) Sally would like to increase her community integration and socialization.** 1. Staff will assist Sally with travel training in the community 2. Staff will teach Sally money management/budgeting skills while in the community. 3. Staff will provide onsite support to Sally at social events, at her volunteer site, and when engaging in activities of interest in her community.

This month I participated in the following activities related to this valued outcome;

**What did I do?** "I went to the movies with my friends, and to cooking classes." (Activities during the month that meet this Valued Outcome)

I received the following services and supports to help me take part in these activities;

**How did I do it?** "Staff assisted me with transportation to and from these activities, and helped me plan my budget." (What staff did to assist)

These activities helped me progress toward my valued outcomes by;

**What did I learn?** "I improved my money management skills and travel training." (How the activities meet the valued outcomes)

I would like to make the following changes to my services and supports;

**Do I like what I'm doing? Things are good.** "None at this time."  
**(OR) I want to make changes.** "I want to find more activities of interest in my community."

Signing and submitting false information may lead to a charge of Medicaid fraud.

By signing this document, I confirm that I received the above services and supports and that the statements made about these services and supports are true.

Sally Jones

02/05/2017

Signature of Participant/Designee /Staff      Date (Mo/Day/Yr)      \*date must be last of the month or later

The person identified below helped me complete this form:

(Only if someone assisted participant)

Nancy Lee

Comm Hab Staff

02/05/17

Name of Person who Helped Complete the Form      Relationship to Participant      Date (Mo/Day/Yr)



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**2<sup>nd</sup> Valued Outcome and associated supports & services (these valued outcomes will match the SD valued outcomes in your ISP): (Pre-filled by ISS) (Example) Sally would like to maintain her health and fitness.** 1. Staff will provide onsite support at Sally's gym to ensure her safety when working out. 2. Staff will assist Sally with finding activities of interest that encourage her health and fitness.

This month I participated in the following activities related to this valued outcome;

"N/A – I broke my foot and cannot work out."

I was satisfied with the following services and supports I received to help me take part in these activities;

"N/A"

These activities helped me progress toward my valued outcomes by;

"N/A"

I would like to make the following changes to my services and supports;

"N/A"

Additional Comments:

Any comments not addressed in the rest of the form.

"We are adjusting my budget to add Self-Hired Respite!"

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Sally Jones

02/05/2017

Signature of Participant/Designee /Staff Date (Mo/Day/Yr) \*date must be last of the month or later

The person identified below helped me complete this form:

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Nancy Lee

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