



Trinity Assistance Corporation

Providing innovative services to People with Developmental and Intellectual Disabilities since 2003

COMMUNITY SERVICES DAILY NOTE

In accordance with Office for People with Developmental Disabilities (OPWDD) ADM 2015-01, a daily note is required for all services and supports provided through Community Hab services. Please complete this form in its entirety as outlined. A daily note is required to be documented contemporaneously for every date of service provided that a valued outcome (goal) is worked on by a person supported.

Name of Person Supported:	Medicaid ID #:	Waiver Service: <u>Community Hab</u>
DPP or Self-Hired:	Date of Service MM/DD/YYYY:	Start and Stop Time: Start: _____AM/PM End: _____AM/PM

Valued Outcome 1

(Goal(s) worked on): (valued outcome is designated within the Staff Action Plan):

Individual to Staff Ratio:

_____ 1:1

_____ 2:1

_____ 3:1

Staff Action:

(or prompt/que needed in order to support/assist person supported, working on valued outcome). Put a X next to one (1) of the following:

_____ Hand over Hand

_____ Verbal Prompt

_____ Gestural Prompt

_____ Stand-by Assist

_____ Independent

Person Supported Response:

Describe *What* was the person supported response to working on valued outcome? *How* did the person supported complete the valued outcome?:



Trinity Assistance Corporation

Providing innovative services to People with Developmental and Intellectual Disabilities since 2003

COMMUNITY SERVICES DAILY NOTE

Valued Outcome 2

(Goal(s) worked on): (valued outcome is designated within the Staff Action Plan):

Individual to Staff Ratio:

_____ 1:1

_____ 2:1

_____ 3:1

Staff Action:

(or prompt/que needed in order to support/assist person supported, working on valued outcome). Put a X next to one (1) of the following:

_____ Hand over Hand

_____ Verbal Prompt

_____ Gestural Prompt

_____ Stand-by Assist

_____ Independent

Person Supported Response:

Describe *What* was the person supported response to working on valued outcome? *How* did the person supported complete the valued outcome?:

Staff Name: _____ Title: _____ Date: _____

Daily Note Reviewed by: _____ Title: _____ Date: _____