

DDS Day Habilitation

USE BLACK INK ONLY
 DO NOT USE WHITEOUT

Case Coordinator _____

Week of ____ / ____ / ____ -- ____ / ____ / ____

Consumer _____ Employee/Position _____.

ISP / IHP GOALS AND OBJECTIVES

1	Self Direction When given two choices he/she will choose the appropriate one.	5	Exercise/Physical Fitness He/she will participate in physical activities daily in order to promote optimal health and fitness.
2	Personal Hygiene He/she will complete all necessary personal hygiene with minimal prompting.	6	Recreational Activities He/she will participate in recreational activities in order to facilitate both learning and relaxation.
3	Behavior Management He/she will control all inappropriate behavior and learn a positive way to deal with anger or frustration.	7	Independent Living Skills He/she will keep living facilities clean and will complete washing laundry.
4	Socialization & Community Integration He/she will learn to interact with staff, peers, and community member in an appropriate manner.	8	Medication Management He/she will identify all medication and follow medication schedule with minimal prompting.

LEVEL OF INDEPENDENCE

20% of the time: consumer needs total assistance	80% of the time: consumer needs little assistance
40% of the time: consumer needs significant assistance	100% of the time: consumer did not need assistance
60% of the time: consumer needs assistance half of the time	0% Consumer refused to work on goal

Services Provided

Goals Worked On: G (indicated by number) **Level of Independence for each task:** (indicated by %)

Progress: Should include promoting required, comparison to previous attempts, environment, etc.

Monday Date _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**

Goals worked on and level of independence: G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

Mileage _____

Tuesday Date _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**

Goals worked on and level of independence: G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

Mileage _____

Wednesday Date _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**

Goals worked on and level of independence: G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

Mileage: _____

Thursday Date _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**

Goals worked on and level of independence: G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

Mileage _____

Friday Date _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**

Goals worked on and level of independence: G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

Mileage _____

Saturday Date _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**

Goals worked on and level of independence: G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

Mileage _____

Sunday Date _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**

Goals worked on and level of independence: G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

Mileage _____

Consumer or Parent Signature _____, Date _____.

By signing this sheet, I do hereby attest that I actually provided the above services and mileage, indicating the exact hours that I provided the service.

By signing this, I do hereby attest I have carefully reviewed the document to ensure the service provided was outlined in the plan of care and that it is approved for billing.

Staff signature _____

Coordinator's Signature) _____.

Date _____

Date _____

DDS Services

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Case Coordinator _____

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Mileage _____

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Mileage _____

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Progress _____

Mileage: _____

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Mileage _____

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Progress _____

Mileage _____

Saturday Date _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**

Goals worked on and level of independence: G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

Mileage _____

Sunday Date _____ **Time IN** _____ **am/pm** **Time OUT** _____ **am/pm**

Goals worked on and level of independence: G# _____ - % G# _____ - % G# _____ - % G# _____ - % G# _____ - %

Progress _____

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Date _____

Date _____