

# Adult Day Support Documentation

(Name and Address here)

Name:	Month:	Provider:
Medicaid #:	Year:	<b>Key Codes</b>
Contract Provider #:	Name of Program:	R = Individual refused services
Span Date:	Name of Program Manager:	A = Individual absent

1. Staff should write their initials in the corresponding date box **after** providing the service.
2. Along with their initials, staff should also put in the date box any applicable **key codes** which are listed in the upper right hand corner of this sheet.
3. Staff should also record any relevant details in the notes section per direction of their Program Manager.
4. ***This symbol indicates that staff must complete additional documentation on the notes and activity section***

<b>Outcome:</b> Cinderella is very social and likes to have a lot of friends, therefore she would like to develop meaningful relationships with people she spends time with	<b>Frequency</b>	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
<b>Step # 1: Staff will provide with Cinderella opportunities to go places of her choice</b>	1x per week																															
<b>Step # 2: Staff will talk with Cinderella about where she has gone and if she would like to go back again</b>	When returns from outing																															
<b>Step # 3: Staff will provide Cinderella with opportunities to return to her favorite places</b>	1x per month																															
<b>Step #4 Staff will provide Cinderella with opportunities to use social media in order to connect with family/friends/businesses of her choice</b>	1x per week if interested																															

<b>Focus Areas</b>	<b>Frequency</b>	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				
Staff will encourage Cinderella to verbalize when she is upset or wants something but if she becomes upset and begins to cry, staff will give her space to calm while in visual range																																				
<b>ADS services delivered</b>	<b>Frequency</b>	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				
Staff delivered ADS services as identified in ISP and as outlined in his Service Delivery Guide.	Daily																																			
Staff provided <b>auditory</b> supervision at all times while <b>inside</b> the Graceworks Day Program building and <b>visual</b> in the <b>community</b> .	Daily																																			

All staff providing services during the month must sign and initial below which indicates services were provided per the ISP.

<b>Staff Signature and Title</b>	<b>Initials</b>	<b>Staff Signature and Title</b>	<b>Initials</b>

The Program Manager reviewed this sheet to ensure services were delivered and documented appropriately.

Signature of Program Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Date	preferred	Notes and Activities


