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Individual's	Add	lress	::												Me	dica	id #:	;					Spa	ın P	erio	d:						
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Signature: _____ Initials: ____ Page 1 of 5

Note: All services are routine shared living services provided in the home unless otherwise noted in the comment section on last page.

Ratio 1:1 unless otherwise stated.

Signature:	Initials:	Page 2 of 5
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	Outcome Documentation:									
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Steps:										
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Date	Outcome #	Comments (What was Done, What's Working/ Not Working, Liked/Disliked)	Initials							
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	Provider Coverage											
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	Provider Notes										
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