

Shared Living – WAIVER SERVICE DELIVERY DOCUMENTATION – Cuyahoga County

CONSUMER NAME:
 ADDRESS OF SERVICE:

 MEDICAID #:

PROVIDER: _

 PROVIDER #:

 SERVICE MONTH: YEAR: _

DATE	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
Supports in Plan Duration / Frequency																															

# OF INDIVIDUALS SHARING SUPPORTS , if other than 1:1.																															
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

R= Refused ND = Not Delivered

This is a sample documentation, providers are responsible for creating their own documentation to meet provider standards. Please visit www.dodd.ohio.gov for current Rules & Laws

