

TBI Waiver Program
Individual Service Report
(To Be Completed by the Provider of the Service)

Please check one CIC HCSS ILST PBIS Respite
 Sub. Abuse Prog. Struct. Day Prog

Participant: _____

Waiver Provider: _____

Provider Agency _____ phone _____

Date waiver service was first provided: _____

Current frequency and hours of services _____

Proposed frequency and hours for the next reporting period. _____

Justification for waiver service

1. List specific goals, as listed in the individual's Detailed Plan, for this service for the past six months.
2. List progress made on each of the above outlined goals, using measurable outcomes. Describe any functional skills gains made by the individual during the past reporting period.
3. Describe compensatory strategies and/or specific interventions utilized to assist the participant in obtaining the above outlined goals.
4. List barriers, as related to the above outlined goals, and actions taken to address these barriers.
5. List changes in goals, as will be noted in the Detailed Plan for the next six months, for this service.

Participant Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Service Coordinator Signature: _____ Date: _____