Name:	Medicaid No:

Periodic Supports Checklist

Outcome(s) addressed

Date	Reason for use	Periodic Support Activities (See the PC ISP Part V: Plan for Supports for support instructions.)	Time		Total hours	Initials
			FROM	TO		

DSP/Supporters Printed Name	Initials	Date

A signature page must be kept on site or in each record to correspond with all initials provided.

Support Log (In addition to a monthly summary of all periodic supports, note any unusual circumstances and related support.)

This ISP Belongs to: _____ ID# _____ ISP Start: _____End:_____