SAMPLE - SUPPORTED EMPLOYMENT SERVICE DOCUMENTATION - INDIVIDUAL SUMMARY

Agency Name : ______________________________ **Month/Year:** ______________

Individual's Name: ______________________________ **Medicaid ID:** ______________

Document staff activites provided: **SEMP Billing Code(s):**

Date:	Staff Initials	Is the person present? **Y**es or **N**o	Staff to individual ratio (N/A if individual not present)	Time Start	Time Stop	Total Duration per Session	Person is employed at min. wage or + in an integrated setting? **Y**es or **N**o	Total Number of Services from Hab Plan Provided	**SEMP Service Delivery Plan Supports and Services:** *(At least 1 service FROM the Habilitation Plan must be provided for every time period)*					vocational assessment	job-related discovery	job development	pre-employment training and instruction	job placement activities and negotiation	on-the job coaching and training	self-employment planning	transportation with the person to or from a SEMP activity	transportation without the person to a SEMP activity	travel training	soft skills and job retention strategies	benefits support and asset development	career development services	communication and evaluation with the worksite	communication with family or support team re: employment supports	meetings and communication with other support staff re: employment	documentation of the delivery of SEMP services	other activities previously approved by OPWDD
Purpose and/or Response to Services Provided:																															
Purpose and/or Response to Services Provided:																															
Purpose and/or Response to Services Provided:																															
Purpose and/or Response to Services Provided:																															
Purpose and/or Response to Services Provided:																															

SAMPLE

Staff Signature Log

Signature	Print Name	Initials	Title