SAMPLE - SUPPORTED EMPLOYMENT SERVICES - MONTHLY SUMMARY NOTE

AGENCY: _____ **MONTH / YR OF SERV. DELIVERY :** _____

INDIVIDUAL'S NAME: _____ **TABS ID :** _____ **MEDICAID # :** _____

Provide a narrative that summarizes the implementation of the individual's Supported Employment Service Delivery Plan for the month; description of the individual's vocational progress; description of some of the actions of staff to address vocational challenges; description of the individual's response; and any issues or concerns.

SAMPLE

SIGNATURE OF STAFF PERSON WRITING THE NOTE *(required)*	***TITLE***	***DATE (mth/dy/yr)***
SIGNATURE OF STAFF PERSON REVIEWING THE NOTE	***TITLE***	***DATE (mth/dy/yr)***