

Participant Name: _____

Common Law Employer Name (if different than Participant): _____

Participant-Directed Worker (PDW) Name: _____

Time Period (MM/DD/YY): _____ **to** _____.

Please describe the care and services provided during this period:

| Shift # | Service Date (MM/DD) | Total Time for Shift | Describe the Activities Performed that Support the PDCS Provided | Individual-Directed Goods and Services Received |
|---------|-------------------------|----------------------|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |



1. Describe any issues, problems, or barriers related to provision of Participant-Directed Community Supports (PDCS) or purchased individual goods and services.

2. Provide any other items of significance.

I attest that the information documented in this Progress Note is correct.

Signature of Participant/Representative-Employer

Date

Signature of Participant- Directed Worker (PDW)

Date

