

Staff Action Plan Date: \_\_\_\_\_

Service:  Community Hab  SEMP

Support Link, Inc  
Self-Direction FI Services  
**Daily Staff Action Summary**

Name of Employee: \_\_\_\_\_ Name of Individual: \_\_\_\_\_

Group \_\_\_\_\_  1:1 \_\_\_\_\_ Medicaid Number (CIN#): \_\_\_\_\_ TABS ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Please initial the corresponding box when a goal has been addressed

Valued Outcome	Provider Assigned Goal	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		Date:	Date:	Date:	Date:	Date:	Date:	Date:
Date:		Start Time:	End Time:	Primary Service Location:		<input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work		
<b>Describe how staff helped the participant to work on their goals:</b>								
<b>Describe what mileage and staff activity fees were necessary to complete goals:</b>								
Date:		Start Time:	End Time:	Primary Service Location:		<input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work		
Date:		Start Time:	End Time:	Primary Service Location:		<input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work		
<b>Describe how staff helped the participant to work on their goals:</b>								
<b>Describe what mileage and staff activity fees were necessary to complete goals:</b>								
Date:		Start Time:	End Time:	Primary Service Location:		<input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work		
Date:		Start Time:	End Time:	Primary Service Location:		<input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work		
<b>Describe how staff helped the participant to work on their goals:</b>								
<b>Describe what mileage and staff activity fees were necessary to complete goals:</b>								
Date:		Start Time:	End Time:	Primary Service Location:		<input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work		
Date:		Start Time:	End Time:	Primary Service Location:		<input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work		
<b>Describe how staff helped the participant to work on their goals:</b>								
<b>Describe what mileage and staff activity fees were necessary to complete goals:</b>								
Date:		Start Time:	End Time:	Primary Service Location:		<input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work		
Date:		Start Time:	End Time:	Primary Service Location:		<input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work		
<b>Describe how staff helped the participant to work on their goals:</b>								
<b>Describe what mileage and staff activity fees were necessary to complete goals:</b>								
Date:		Start Time:	End Time:	Primary Service Location:		<input type="checkbox"/> home <input type="checkbox"/> community <input type="checkbox"/> work		
Is the participant happy with their services? <input type="checkbox"/> yes <input type="checkbox"/> no Comments:		Does the participant request or note any changes? <input type="checkbox"/> yes <input type="checkbox"/> no Comments:		Were there any incident reports filed? <input type="checkbox"/> yes <input type="checkbox"/> no Date reported:		Did staff attend a team meeting during the week? <input type="checkbox"/> yes <input type="checkbox"/> no Was the participant present? <input type="checkbox"/> yes <input type="checkbox"/> no Date: Comments:		
<b>Staff signature:</b> _____						<b>Date:</b> _____		