

Shared Living Documentation Sheet

OAC 5123:2-9-33

Name of provider :	Name of Individual receiving service :
DODD Contract Number:	Medicaid number of individual :
Signature of Provider :	
My signature on this documentation sheet signifies that I have supported the individual as identified in the Individual Service Plan (ISP)	

Type of Service (Shared Living)	ASP	ASP	ASP	ASP	ASP	ASP	ASP
Date of Service:							
Place of Service							
Outcomes: Start date: Expected completion date:							
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Description of service as specified in the ISP							
Group Size	1	1	1	1	1	1	1
Number of units of service	1	1	1	1	1	1	1

Notes: (please include updates on individual's progress toward outcomes, as applicable) _____
