



**MICHELLE P AND ABI/ABI-LT PARTICIPANT DIRECTED SERVICES SERVICE DOCUMENTATION**

*Documentation/Information Must Be Printed & Employees Are Responsible For Completing Service Documentation*

Participant Name & ID #:

Employee Name & ID #:

**For each date of service please outline: 1) A brief description of the activities provided; 2) Information regarding the health, safety, and welfare of the consumer; 3) Concerns/issues that may have occurred; and 4) Progression, regression, or maintenance of goals.**

Date Service Provided (MM/DD/YY)	

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