

Individual Employment Supports Documentation Sheet

Individual's Name:	Individual's Medicaid #:
Location of Service:	
Name of Provider:	Provider Contract #:
ISP Span Dates:	County of Service:
Signature of Provider:	
My signature on this documentation sheet signifies that I have supported the individual as identified in the Individual Support Plan (ISP). I have reviewed the information on this document for accuracy.	

Type of Service	IES	IES	IES	IES	IES	IES	IES
Date of Service							
Description and Frequency of Services as in ISP:							
Start Time							
End Time							
Total Number of Units							
Group Size for IES is 1							

Date	Notes	Initials