TBI Waiver Program
Individual Service Report
(To Be Completed by the Provider of the Service)

Please check one

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Sub. Abuse Prog. □  Struct. Day Prog

Participant: _______________________________________________________

Waiver Provider: ___________________________________________________

Provider Agency ________________________________ phone ________________

Date waiver service was first provided: _____________________________

Current frequency and hours of services ______________________________

Proposed frequency and hours for the next reporting period. ______________

Justification for waiver service

1. List specific goals, as listed in the individual’s Detailed Plan, for this service for the past six months.

2. List progress made on each of the above outlined goals, using measurable outcomes. Describe any functional skills gains made by the individual during the past reporting period.

3. Describe compensatory strategies and/or specific interventions utilized to assist the participant in obtaining the above outlined goals.

4. List barriers, as related to the above outlined goals, and actions taken to address these barriers.

5. List changes in goals, as will be noted in the Detailed Plan for the next six months, for this service.

Participant Signature: ____________________________ Date: __________

Provider Signature: ____________________________ Date: __________

Service Coordinator Signature: ____________________________ Date: __________