**Sample Generic Schedule for Non-Habilitative Services**

**Service Code: \_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Level of Service Score: \_\_\_\_\_\_ Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Plan Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total units approved for the Plan Year: \_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Instructions**: *Describe how you provided support related to the participant’s supervision, behavior plan, mealtime guidelines, or other participant specific activities or needs. Actual schedule may look different depending on the participant’s need and the service being provided. This schedule lists the positive behavior support plan details, activities the person likes to do, etc. List support level for tasks as it varies, identify if specific comments should be listed,*

*Items in* ***Red*** *are individualized. This schedule reflects various ways to track info specific to a person: mealtime info, objective progress, activities, etc. as identified in the plan of care.*

| **Date**  Month/day/year | **\_\_\_/\_\_\_ /\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** | **\_\_\_/\_\_\_ /\_\_\_\_** |
| --- | --- | --- | --- | --- | --- |
| **Service time in and out**  (use military or am/pm)  **time in and out to other services** | In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_  In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_ | In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_  In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_ | In:\_\_\_\_\_Out:\_\_\_\_\_  In:\_\_\_\_\_Out:\_\_\_\_\_ | In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_  In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_ | In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_  In:\_\_\_\_\_\_ Out:\_\_\_\_\_\_\_ |
| **Mealtime protocol or dietary supports**  *Please explain the support provided* |  |  |  |  |  |
| **Leisure time**  *Please explain the support provided* |  |  |  |  |  |
| **Fitness/activity**  *Please explain the support provided* |  |  |  |  |  |
| **Community outing**  *Please explain the support provided* | Amount of time: \_\_\_\_ | Amount of time: \_\_\_\_ | Amount of time: \_\_\_\_ | Amount of time: \_\_\_\_ | Amount of time: \_\_\_\_ |
| **Daily Units Used** |  |  |  |  |  |
| *Staff initials, printed name & signatures:*  *\_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*    *\_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_= \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | | | | |

**Balance of units at the end of last month: \_\_\_\_ Total units used this month: \_\_\_\_\_\_ Remaining units: \_\_\_\_\_\_\_\_**

Comments (Sign and date all comments):

\*\*Attach communication forms to log any issues, concerns, ideas, or restrictions that other staff and the Case Manager need to know. Be sure to sign and date all comments.