Support Broker MONTHLY Documentation Report

Participant's Name: _____ Plan Start Date: _____ Month of Service: _____

Circle of Support

Reviewed and updated:

Follow up needed:

Contacts

Type of Contact *(face to face, with Circle of Support, phone contact, or other contacts:)*
Location   **Date**
Begin Time   AM/PM **End Time**   AM/PM **Total Time**   **Billable time** ☐
Results of Contact:

Type of Contact *(face to face, with Circle of Support, phone contact, or other contacts:)*
Location   **Date**
Begin Time   AM/PM **End Time**   AM/PM **Total Time**   **Billable time** ☐
Results of Contact:

Type of Contact *(face to face, with Circle of Support, phone contact, or other contacts:)*
Location   **Date**
Begin Time   AM/PM **End Time**   AM/PM **Total Time**   **Billable time** ☐
Results of Contact:

Emergency back-up plans
Review emergency back up plans:
Problem identified:
Solutions:

Conflict resolution
Conflict:
How it was resolved:

Follow up
Follow-up needed to complete next month: **None needed** ☐

Case Manager was contacted on _____ to review concerns, coordinate services, and discuss solutions.

Total Monthly Contacts

Total billable time this month:

Support Broker Signature & Date_____

Support Broker MONTHLY Documentation Report

Participant's Name: _____   Plan Start Date: _____ Month of Service: _____

Level of Support

Task	Total assistance	Minimal assistance	No assistance	Concerns
Recruiting staff?				
Interviewing staff?				
Hiring staff?				
Training staff?				
Setting / negotiating staff pay?				

Review of Employee Timesheets

Employee	Number of units billed	Billable amount	Concerns

Expenditures

Service	# of units billed	# of units remaining	Note concerns or "none"	Note follow-up on concerns and solutions

Support Broker Signature & Date_____

Effective 7.1.10

Support Broker <u>MONTHLY</u> Documentation Report

Participant's Name: _____ Plan Start Date: _____ Month of Service: _____

Other Contacts continued if needed…

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Location   **Date**
Begin Time   **AM/PM End Time**   **AM/PM Total Time**   Billable time ☐
Results of Contact:

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Location   **Date**
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Support Broker Signature & Date_____

Effective 7.1.10