

Support Schedule rev 7/19

NAME:											Do you plan to find your own staff (self-direct) or do you need an agency (agency-direct) to find staff?		Level of Support	1	Total Support		
DAYS OF THE WEEK:														Self-Direct	Agency-Direct	2	Assistance / Hands On
													3	Supervision / Prompts			
													4	Independent			
DAILY ACTIVITIES	Please indicate which support needs (and level of support) are required during the time frame indicated.											Household Members' Activities					
	ADL Support	Medical Support	Mobility Support	Adaptive Equipment	Meal Accommodations	Household Services	Exercise / Therapy	Community Inclusion	Transport	Supervision	Other Activity	Describe Other Activity	Name / Relation	Name / Relation	Name / Relation	Name / Relation	Name / Relation
6AM																	
7AM																	
8AM																	
9AM																	
10AM																	
11AM																	
12PM																	
1PM																	
2PM																	
3PM																	
4PM																	
5PM																	
6PM																	
7PM																	
8PM																	
9PM																	
10PM																	
11PM - 5AM																	
Please provide a narrative that describes the supports indicated above and why services are needed during the time indicated.																	