KREATIVEMINDS
DIRECT CARE

DOCUMENTATION OF SERVICES PROVIDED

Please email to: hr@kreativemindsdirectcare.com

DSP: _____ **Individual Supported:** _____ **ISP OUTCOME:** _____

Address of Individual Supported: _____ **Service Plan Year:** _____

Service Strategies (check all that apply):

- ☐ Assistance with Activities of Daily Living (such as getting dressed, eating, personal hygiene, etc.)
- ☐ Assistance with Increasing Community Participation (such as daily errands, attending events, restaurant, purchasing items, travel training, etc.)
- ☐ Assistance with Increasing Independence (such as helping the individual learn to do laundry, cook, clean, dress, grocery shop, pay for items, etc.)
- ☐ Assistance with On-The-Job Support (such as safety awareness, using the restroom, attending to tasks, lunch/breaks, etc.)
- ☐ Assistance with Learning Activities (such as basic tutoring – math, reading, writing; support in attending a class; etc.)

Date	Start Time	End Time	Individualized Activity	Tell us about the day, and how the activities will help the individual reach the above outcome

Completed By: _____

Individual/Guardian of individual Signature: _____