

To be completed by Child and Family Team at least monthly.

Provider Activity Sheet

Date of completion _____

Child's Name: _____ Provider: _____

Authorized Service(s/location of service): _____

Authorized Service Location(s): [] Consumer's home [] Provider's home
[] School [] Other Community location [] Office or commercial facility

Plan of Care Need (s) to be addressed by provider

1. _____
2. _____
3. _____

Service Provision Goal(s):

1. _____
2. _____

Activities recommended by Child and Family Team(What need does it address?)

1. _____
2. _____

Inappropriate activities for this child:

1. _____
2. _____

Suggested Strategies and/or Service Delivery Schedule (special authorization schedules of service provision):

(include any exceptional service delivery schedules that may include provision of sole services to the same provider on the same calendar day that a daily service is provided---the provision of licensed professional services or case conference on the same calendar day that a daily service starts is not considered exceptional and does not require special authorization):

1. _____
2. _____

- **Parents must be informed of activity and location each time a service is provided, and the best way to reach you in an emergency.**

Attach this information to your Crisis Plan and have it with you at all times you provide services.

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- ***You must receive a phone number or location of parent/guardian prior to each service date if it is different than the Crisis Plan.***

Signature of Parent/Guardian: _____ Date _____

Signature of Provider: _____ Date _____

Signature of Care Coordinator _____ Date _____

Copy of Crisis/Safety Plan given to provider