WEST VIRGINIA I/DD WAIVER
DIRECT SUPPORT SERVICE LOG
(To be used with Traditional and Agency with Choice Service Models)

Member Name		**Provider Agency**	Solutions PBS
Month of Service	January	**Year of Service**	2024

Service Name	**Total Time for Service** (Calculated)
Family PCS (1:1) S5125U5	0.00

If training was provided, Task Analysis must be completed

Date	**Identi-fier**	**Start Time** am/pm (Format 00:00)	**Stop Time** am/pm (Format 00:00)	**Total Time** (Format 0.00)	**Was training provided?** (Y/N)	**Provider/Staff Initials**
					Yes	
					No	
					No	
					No	
					No	
					No	
				Provider/Staff Name	**Provider/Staff Signature**	

WEST VIRGINIA I/DD WAIVER
TRANSPORTATION LOG

(To be used with Traditional and Agency with Choice Service Delivery Models and if applicable)

Service Code (Use separate pages for miles and trips): ☐ **A0160HI (Miles)** ☐ **A0121HI (Trip)**

Member Name		**Provider Agency**	
Month of Service		**Year of Service**	

Date	Travel From (starting location)	Travel To (end location)	Reason for Travel (must correspond to an objective on the member's IPP)	Total Miles or Trips	Provider/ Staff Initials
			Total Miles for This Page		

Provider/Staff Name	Provider/Staff Signature	Provider/Staff Name	Provider/Staff Signature
	Signature on file		