**Support Brokerage Log**

Name of Individual: Click or tap here to enter text. Individual’s DDD ID: Click or tap here to enter text. Date: Click or tap here to enter text.

ISP Outcome(s): Click or tap here to enter text.

Total Monthly Hours of SB Services: Click or tap here to enter text. Reporting Period Start Date: Click or tap to enter a date. End Date: Click or tap to enter a date.

Support Broker’s Name: Click or tap here to enter text.

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| **Support Broker Strategies to assist in meeting the above stated outcome.** The Support Broker role is to assist the person to foster independence, social engagement, and choice. |
| 1 | Click or tap here to enter text. |
| 2 | Click or tap here to enter text. |
| 3 | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| Dates of SB Services | Hours/Units | What assistance was provided?(Ex. Including but not limited to: Reached out by phone, reviewed documents, recruited employees, updated schedules, reviewed service notes, drafted x, etc. ) | How did this activity assist the individual in progressing towards his/her outcomes? |
| Date: Click or tap to enter a date. | Start Time: | Click or tap here to enter text. | Click or tap here to enter text. |
|  | End Time:  |
|  | Total Units:  |
|  |
| Date: Click or tap to enter a date. | Start Time: | Click or tap here to enter text. | Click or tap here to enter text. |
|  | End Time:  |
|  | Total Units:  |
|  |
| Date: Click or tap to enter a date. | Start Time: | Click or tap here to enter text. | Click or tap here to enter text. |
|  | End Time:  |
|  | Total Units:  |

Individual Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: *\_\_\_\_\_\_\_\_* Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: *\_\_\_\_\_\_\_\_\_\_*

*Support Broker Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

***By signing this document, I verify that all information provided above is accurate*.**