

Vendor Fiscal/Employer Agent (VF/EA) Financial Management Services (FMS)

Progress Notes

Name of participant *(Print/type)*: _____

Qualified SSW or Vendor Providing the Service(s) *(Print/type)*: _____

Timeframe covered: _____

Service Provided	Frequency and Duration Provided <small>(i.e. daily, once a week, once a month, a specific date, etc)</small>	Date(s) Service Was Provided	Outcome Statement As Written in the ISP	Describe the Activities Performed That Supports the Services Provided and Progress or Skills Maintained Toward The Outcome

Describe any issues, problems, or barriers related to provision of services.

Did the participant progress or maintain skills in the above outcome *(check one box)*? Yes No

If response above is "No", please describe recommendations for changes to the service or outcome.

Name and title of person completing the form (printed): _____

Signature of person completing the form

Date

Signature of common law employer (if different from above)

Date