

**CWP - Voucher Program Time and Data Collection**

Consumer Name: \_\_\_\_\_ MORC Case #: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

<b>Date of Service:</b>					
LOCATION OF SERVICE: (Circle One)		Person's Home	Community Location _____		
CLS: Start time: _____	AM or PM	Stop Time: _____	AM or PM	Hours _____	Rate _____
Respite: Start time: _____	AM or PM	Stop Time: _____	AM or PM	Hours _____	Rate _____
					Vacation Respite Day <input type="checkbox"/>
<b>IPS Goals</b>					
Goal:		Goal:		Goal:	
Goal:		Goal:		Goal:	
Progress Notes: _____					
Staff Print and Sign Name & Title: _____ Date: _____					

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<b>IPS Goals</b>					
Goal:		Goal:		Goal:	
Goal:		Goal:		Goal:	
Progress Notes : _____					
Staff Print and Sign Name & Title: _____ Date: _____					

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_