MI Via In Home Living & Homemaker Direct Service Notes

Mi Via Participant Name:	Provider/Staff Name:

Electronic Visit Verification Required			Place a check mark to indicate what services you assisted with per the participant service & support plan														
DATE EVV Check IN *mo/day/year*	**TIME** EVV Check IN *HH:MM am/pm*	**TIME** EVV Check OUT *HH:MM am/pm*	*Meals, shopping, cooking, eating*	*Dressing*	*Bathing*	*Transfers*	*Toileting*	*Light or Heavy Housework*	*Taking Medication*	*misc. finance, banking, managing bills*	*Routine Communication*	*Working w/ Vendors & Employees*	*Scheduling Appointments*	*Managing other benefits*	*Exterior Supports*	*Comments on Back*	Signature & Date

Comment's , Additional Notes, Reason for Missed EVV call or Alternate Location Check In