

ADULT AUTISM WAIVER ENCOUNTER FORM

Participant Name:	Staff Name:
Provider Agency:	Start Time: Stop Time:
Service Type (one per form):	Date of Service:
Frequency (e.g., 5x/week):	Total Time/Units:

I agree that the above information on this form is correct (Participant/Representative Signature):	Date signed:
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IMPORTANT NOTE: Space for the provider staff signature is on page 2.

GOALS DETAILS *Reference the participant ISP to complete this section. Table fields expand to accommodate thorough documentation.*

GOAL e.g., "Employment"	OBJECTIVE e.g., "Twice per week, John will promptly arrive at the bookstore, ask for job duties, and complete job duties with no prompts (i.e., 100% independence) for at least 3 months."	SUMMARY OF ACTIVITIES e.g., "Staff met John outside the bookstore before the workday. As usual, he was prompt and enthusiastic; however, again, he did not independently ask for job duties. Staff used one verbal prompt to encourage John to ask for his tasks for the day. Today, John struggled with initiating conversation with co-workers and invaded other's space (i.e., stands too close) in an effort to get their attention. The co-worker began conversing with John and then he was more at ease and engaged in conversation; however, he ceased the conversation when the co-worker changed the subject from books to sports. Moving forward, there is a need to address this social initiation issue as a goal for John."
1.	1a.	
	1b.	
	1c.	
	1d.	
2.	2a.	
	2b.	
	2c.	
	2d.	

NOTE: Please use additional forms if the participant is working toward more than four goals and/or objectives per encounter.

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GOAL	OBJECTIVE	SUMMARY OF ACTIVITIES
3.	3a.	
	3b.	
	3c.	
	3d.	
4.	4a.	
	4b.	
	4c.	
	4d.	

I agree that the information on this form is correct (Provider Staff Signature):	Date signed:
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COMPLETING THE ENCOUNTER FORM *Most fields are self-explanatory. The section below provides clarification for other fields.*

Location of Service: Should correspond with the physical location of service delivery. If the participant receives services for this date primarily in the home (greater amount of time spent in the home for this specific day than in an employment or community setting) please enter "residence."

Total Units: Enter the total billable units based on the specified increments in the Provider Information Table, e.g., a 4-hour encounter equals 16 15-minute units.

Participant Signature: The participant receiving services must sign this form to verify that service details are correct. The participant or his/her representative should not sign unless all information above "Goals Details" is completed. The service provider may then fill out the remaining sections without participant verification.

Staff Signature: This is verification of service delivery and goal details/summary of activities. Staff should not sign this form until all service details are recorded.

Goals & Objectives Details: Goals can be pre-populated based on the ISP. Only list goals and objectives listed in the ISP and approved by the BAS Regional Office. Be sure to use the wording in the ISP. If more than five goals or four objectives are worked on during a session, please attach additional pages.

Summary of Activities Details: This section should include observations or data collected during the session. Be sure to: Align data collected with the goal/objective addressed; Ensure that enough detail is provided to justify the amount of time spent delivering the service; Record when the goal has been completed or needs revision in this section, if applicable.