New Mexico Developmental Disabilities Supports Division

HCBS Medicaid Waiver Programs - Supports Waiver and Mi Via Waiver - Employment Supports Time Study

Provider:

HCBS Program:

Participant Name(s) (First name, Last initial):

Date:

Please complete all activity detail fields for all time worked. Please use a different form each day (and enter the date of activity).

ACTIVITY DETAIL			EMPLOYMENT SUPPORTS ACTIVITY DETAIL				
Time of Day	City of Provider	County of Provider	Job Development	Job Coaching	Job Maintenance	Job Aide	Self Employment
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Total			0	0	0	0	0