

SAMPLE OF REMOTE AND ALTERNATIVE SERVICES DELIVERY LOG

REMOTE AND ALTERNATIVE SERVICE DELIVERY

- A Supports related to COVID-19 risk management
- B Completion of individual assessments and/or program plans
- C Completion of a person-centered plan
- D Remote services delivered via telephone or video communication
- E Delivery of supplies and other items to the consumer's home
- F Confirmed use of self-guided materials
- G Services provided in-person* at the consumer's home
- H Services provided in-person* at a community setting
- I Services provided in-person* at the provider's facility
- J Supports for transition to the Self-Determination program, if applicable
- K Other

** To safeguard consumer safety, in-person services may only be provided if in alignment with the most restrictive state or local guidelines in effect.*

NAME: _____

UCI: _____

MONTH: _____

DATE	ALTERNATIVE SERVICE TYPE(S)	DESCRIPTION	BACK-UP DOCUMENTATION
1	EG	Delivered mask-making kit, front porch visit	Visiting schedule
2	F	Watched video	Phone log
3	F	Made mask	Phone log
4	D	Zoom mask-modeling	Zoom attendance log
5			
6			
7			
8	D	Phone wellness check	Phone log
9	D	Zoom current events	Zoom attendance log
10	D	Zoom yoga	Zoom attendance log
11	D	Zoom ASL practice	Zoom attendance log
12			
13			
14	EG	Delivered cooking class kit, front porch visit	Visiting schedule
15	F	Watched video	Phone log
16	D	Zoom cooking class	Zoom attendance log
17	D	Zoom 1:1 discussion and planning	Zoom attendance log
18	B	Prepared individualized activity schedule	Individualized activity schedule
19			
20			
21	D	Zoom check-in	Zoom attendance log
22	D	Zoom sign-language practice	Zoom attendance log
23	D	Zoom current events	Zoom attendance log
24	D	Zoom yoga	Zoom attendance log
25			
26			
27	EG	Delivered art kit, front porch visit	Visiting schedule
28	F	Art activity #1	Phone log
29	F	Art activity #2	Phone log
30	D	Zoom art sharing	Zoom attendance log
31			

REVIEWED BY: _____

DATE OF REVIEW: _____