

Ohio Shared Living (OSL) Weekly Documentation Sheet

Individual's Name:	Individual's Medicaid #:
Individual's Address:	
Name of Provider:	DODD Contract #:
ISP Span Dates:	County of Service:
Signature of Provider:	
<small>My signature on this documentation sheet signifies that I have supported the individual as identified in the Individual Support Plan (ISP). Information provided on this document has been verified for accuracy.</small>	

Type of Service	OSL						
Date of Service							
Description and Frequency of Services as in ISP:							

Ratio of Service is 1:1 Unless Otherwise Stated in Notes
Number of Units is 1 for each day service is provided
Location of Service is Address of Service Unless Otherwise Stated in Notes

