



Transforming Lives. Building Community Well-Being.

Typical Weekly Schedule

Completion of the Typical Weekly Schedule is the responsibility of the Provider Agency and should be a collaborative discussion that occurs during the Support Team meeting.

Individual Name: _____ Medicaid Number: _____

Effective Date: _____

*Directions: Please enter the corresponding code for each timeslot

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
12:00 AM							
1:00 AM							
2:00 AM							
3:00 AM							
4:00 AM							
5:00 AM							
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
11:00 PM							

Code	# Hours	Comments (e.g. anticipated reasons schedule will vary)
Ns = Natural Supports		
S = Self (alone/unsupervised time)		
Sc = School		
W = Work (no paid support)		
PW = Paid Waiver Service (Identify Service)		
P = Paid Support (OT, PT, PDN, State SL, etc.)		
Total # of Weekly Hours		

