

PRODUCTIVE LIVING BOARD

IN-HOME AND/OR FACILITY BASED RESIDENTIAL SUPPORTS
EXCEEDING 200 HOURS PER MONTH

This form is to be submitted to OPLS Program Staff prior to submitting invoice for each consumer whose supports exceed 200 hours in any given month.

Agency Name: _____ Project Number: _____

Consumer Name: _____

Month Supports were provided: _____

Total Number of Support Hours this Month: _____

Total Support Hours Provided Year to Date: _____

Check all of the boxes that indicate the reason(s) additional supports were provided during the month and include a brief description:

Health issue: _____

Travel: _____

Housing issue: _____

Other reason(s): _____

Other reason(s): _____

Agency Staff Signature

Date

Supervisor Signature

Date

FOR PLB USE ONLY:

Approved (Billing override will be completed and will be available on invoice)

Not Approved (Agency will be contacted)

OPLS Program Staff Review

Date