

PRODUCTIVE LIVING BOARD

ISLA SUPPORTS
EXCEEDING 41 HOURS PER MONTH

This form is to be submitted to OPLS Program Staff prior to submitting invoice for each ISLA consumer whose supports exceed 41 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:

Unexpected health issue: _____

Roommate issue: _____

Transportation issue: _____

Housing issue: _____

Financial issue: _____

Other reason(s) (please list): _____

Agency Staff Signature

Date

Supervisor Signature

Date

FOR PLB USE ONLY:

Approved

Not Approved

OPLS Program Staff Review

Date