

## ***Employment and Community First CHOICES (ECF CHOICES) Supported Employment Small Group Service Log Template***

<b>Member information</b>
Member name:
Member identification number:
<b>Job development provider information</b>
Provider name:
Provider identification number:
Provider representative name:
Provider representative cellphone:
Email:
<b>Service provided</b>
ECF CHOICES service performed: (check all that apply)
<input type="checkbox"/> Small group, integrated employment or self-employment <input type="checkbox"/> Enclave <input type="checkbox"/> Mobile work crew <input type="checkbox"/> Small group discovery, career planning or exploration
Date authorization for service received:
Report for the month of: (Month and year)
Last date of service for this month:
Staff to member ratio: (check all that apply) <input type="checkbox"/> 1:2 <input type="checkbox"/> 1:3
<b>Employment information (if applicable)</b>
Name of employer or business:
Date of hire:
Average hours worked per week:
Hourly rate of pay:
Job title/description of duties:

**Important note:** You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.

