

Service Provider Record Keeping Log

Agency Name: _____

Staff Name: _____

Do not mark "I&A" if only completing SHAP activities

Date	B = III-B E = III-E NP = Non-Parent	Name of Senior or Caregiver / NP, as applicable	Month: _____ Year: _____	I&A	I&A Follow-up	Outreach	Outreach Follow-up	BAA Complete & Submitted	SHAP Contacts Any Length Time	Medicare Part D Enrollments	Medicaid Substantial Assist	SNAP (food stamps) Substantial Assist	LIS (Extra Help) Substantial Assist	MSP Substantial Assistance
			List All Services/Issues/Needs Discussed, including if Combined Assessment is completed (Use more than one line if needed)											
Subtotals														

(F): / Forms / Provider Forms / 2020 Provider Forms/
Service Provider Record Keeping Log FY20
(Revised 9/6/2019)

Breakout I&A and Outreach by Senior (B), Caregiver (E), and Non-Parent (E)

I&A Senior (B)=	I&A CG (E)=	I&A NP (E)=
OR Senior (B)=	OR CG (E)=	OR NP (E)=