## **Quarterly Report**

Member Served: Plan Date: Schedule Implementation Date: Waiver Service Code:		Service Plan Span: Total Units Authorized: Units Used for the Quarter: Units Remaining:					
				Provider:			
				SMART Goal	Description of Goal		% Achieved
<u>S</u> pecific							
<u>M</u> easurable							
<u>A</u> ttainable							
<u>R</u> elevant							
<u>T</u> ime Bound							
Quarterly pro	gress update:						
SMART Goal	Description of Goal		% Achieved				
<u>S</u> pecific							
<u>M</u> easurable							
<u>A</u> ttainable							
<u>R</u> elevant							
<u>T</u> ime Bound							
Quarterly pro	gress update:						
Member Signature		Date	Date				
		<del></del>					
Direct Care W	orker Signature	Date	Date				