

Abbreviated Support Coordination Contact Documentation (SCD)

Participant Name:	
Support Coordinator ID:	Waiver: <input type="checkbox"/> CCW <input type="checkbox"/> ADHC
Contact Type: <input type="checkbox"/> Interim	

SECTION A: CONTACT INFORMATION

Date:		Begin Time: (hh:mm)		End Time: (hh:mm)	
Place of Service:		Type of Contact			
Service Activity:		Service Participant:			

Name of Individual(s) Providing Responses	Relationship to Participant
	Participant
	Responsible Representative
	Legally Responsible Representative
	Other:

☐ **Virtual Visit:** I reviewed and explained the virtual visit procedure to the participant. The participant understands the procedure and consents to have this contact completed virtually.

SECTION B: COMMENTS (Refer to SCD Instructions)

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SECTION C: SIGNATURES

☐ See attachment for additional documentation and/or signatures.

	Date: _____
Participant/Responsible Representative/Legally Responsible Representative Signature	
	Date: _____
Support Coordinator Signature	

NOTE: Participant/Responsible Representative/Legally Responsible Representative signatures are not required but may be obtained **ONLY** for in-person visits.