

## Abbreviated Support Coordination Contact Documentation (SCD)

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

### SECTION A: CONTACT INFORMATION

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

Name of Individual(s) Providing Responses	Relationship to Participant
	<b>Participant</b>
	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.