SSP Program Assignment Date:

SSP Name:

SSP Consumer Name:

SSP Program Assignment Start Time:

SSP Program Assignment End Time:

Number of Service Hours Provided:

Please identify all that apply from the Assignment completed for this Progress Report:

Health and Well Being:

Social:

Household Management with Deaf-Blind Consumer:

Community Integration:

Other:

Description of SSP Service (*select one)*:

SSP Basic Service Hourly $30.00; Evening/weekend\* $35.00

SSP Basic + Signer: $35.00; Evening/weekend\* $40.00

SSP Basic + Tactile: $40.00; Evening/weekend\* $45.00

\*Evening/weekend is 5:00pm-7:00am, Saturday and Sunday, State or Federal Holidays)

Did you use your personal vehicle during this service to receive $10.00 flat rate mileage reimbursement?   
*(if “yes” is selected, a copy of your valid personal auto insurance policy must be on file with HISSP)*

Yes

No

Comments, Concerns, Feedback, etc.:

SSP Consumer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

SSP Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: