

**Willowbrook Case Services (WCS) ~ Willowbrook Service Coordination (WSC) Notes**  
**Month and Year of Service: \_\_\_\_\_**

**Name of Individual:** \_\_\_\_\_ **Agency Name:** \_\_\_\_\_

The WCS/WSC or other qualified staff that provided a WCS/WSC service or WCSWSC activity this month, must include their printed name, title and signature at the bottom of the form no later than the 15<sup>th</sup> of the month following the service month.

**Interdisciplinary Treatment Team (IDT) Review**

Was an IDT Review of the plan of services conducted this month? <input type="checkbox"/> yes <input type="checkbox"/> no		If Yes, Date of IDT Review: ___/___/___
If Yes, Describe outcome of review:		
If Yes, date that MHLS notified of review? ___/___/___		Was the Individual Present at Review? <input type="checkbox"/> yes <input type="checkbox"/> no

**Active Representation Status**

Has active representation status changed during the month? <input type="checkbox"/> yes <input type="checkbox"/> no
If Yes, Date of change: ___/___/___
If Yes, Details of change:
Describe family/advocate contact during the month:

**Face-to-Face Contact(s) with the Individual**

Date of Contact(s)	Purpose and Outcome of Contact(s)	Location of Contact(s)

**Service Coordination Observation Report (SCOR)**

Was there a SCOR form completed this month? <input type="checkbox"/> yes <input type="checkbox"/> no	If Yes, Date of SCOR Review: ___/___/___
If Yes, summarize the issues and follow up activities taken:	



STATE OF NEW YORK  
OFFICE FOR PEOPLE WITH DEVELOPMENTAL DISABILITIES

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**Health Status**

Update on health/medical condition:

**Monthly Summary**

Include the person's satisfaction with services along with any follow-up actions, any significant changes in the person's life, results of record review(s) if completed, and any concerns regarding health and safety.

[Large empty box for monthly summary notes]

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date (mth/dy/yr): \_\_\_\_\_

**Attach additional sheets if necessary**  
Note: by signing this form, staff attests that the activity described above was provided on the dates indicated.