Supports Brokerage Services Activities Log

| log or their | own alternate | version as lo | ng as all data | - . | receiving Supports Brokerage (SB) Services. They may use this Log (this or an alternate version) must be used in combination 1. |
|--|--------------------------------|-------------------|----------------|---|---|
| Individual Name: DDD ID #: Supports Broker Name: | | | | | |
| Individualiz | zed Service Pla | n (ISP) Outcor | me(s): | | |
| Enter Supports Broker Task exactly as it appears on the Supports Brokerage Agreement Form. | | | | | |
| Date | Start Time | End Time | # of Units | Actions to Address Task* | Progress Toward Outcome(s)** |
| | | | | | |
| | Supports Broker Task Addressed | | | | |
| | Task Number: | | | | |
| | Task | | | | |
| | | | | | |
| | | | | | |
| Date | Start Time | End Time | # of Units | Actions to Address Task* | Progress Toward Outcome(s)** |
| | | | | | |
| | Supports Broker Task Addressed | | | | |
| | Task Number: | | | | |
| | Task | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | • | | ssistance provided (reached out by phone, rev nity resources, posted on job-search sites, etc. | iewed documents, recruited employees, updated schedules,) |
| _ | | | • | ils about the progress made toward the ISP ou support needed to achieve their goal(s), and n | itcome(s) that directly relates to Supports Brokerage Services, ext steps (as applicable). |
| Individual Signature: | | | | Date: SB Signature | :: Date: |
| Guardian Signature (if applicable): Date: | | | | | |
| By signing t | this document, | . I verify that t | he information | on above is accurate and the Supports Broker | Agreement is attached. |

NJ Division of Developmental Disabilities | September 2025