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| **DEPARTMENT OF HEALTH SERVICES**  Division of Medicaid Services  F-03330 (11/2024) | **STATE OF WISCONSIN**  Page 1 of 3 |
| **IRIS CAREGIVER DAILY TASK SCHEDULE** | |
| **Instructions:** This document should be completed as part of the budget amendment request process to illustrate all cares provided to the participant during a 24-hour period. The time periods are in 15-minute increments. Entries should include Personal Cares, Supportive Home Care, Day Services, Respite Services, and any unpaid supports. Although not required, additional comments may also be provided on Page 3.  Failure to complete the form could result in delays or denials of budget amendment requests.  The information collected on this form will only be used for budget amendment request reviews. It will not be used for any other purpose.  Please attach this form and all other relevant accompanying documents to the following link, in the appropriate file:<https://share.health.wisconsin.gov/ltc/teams/iris/iba/SitePages/Home.aspx> | |
| Participant Name (Last, First, MI) |
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| Additional Comments: |