Eligibility Areas of Need Additional Areas of Need

Support Aligned with need

 **+**  **Yes**

 **No**

**? Unclear**

Progress reports suggest need for carryover

 **X**  No need for carryover **+** Present

 Need for carryover Absent

 **?** Unclear **?** Unclear

Skill/Support/Service based on progress reports

 Increase

 Decrease

 **O**  Same