Reset Form

Print Form

Home and Community Based Services Waiver* Group *Progress Notes

Complete all fields:

A) *Client name:*

B) *Client ID #*

C)*Client date of birth:*

D) *Contact Date:*

E) *Start Time:*

F) *End Time:*

G) *Duration:*

H) *Check Waiver group service type:* *RS* ☐ *SB* ☐ *FSS* ☐

I) *This note is written for* ***(check all that apply):***

Waiver child: ☐

Waiver child's parent(s)/primary caregiver(s) ☐

Names:

Waiver child's sibling ☐ *Sibling name(s):*

J) *Indicate participant to worker ratio for the group:*

1. ***Identify goal number(s) and objective letter(s) that apply to this group contact:***

2. ***Flexible Service Dollars***: Amount spent: $

Purpose of expenditure (on what was the money spent):

3. Summarize the contact for the Waiver child and/or each of his/her siblings and/or caregivers including a description for each of progress towards the Waiver child's identified goal and objective:

4. Signature: ***Title:*** ***Date of Entry:***