

Home and Community Based Service Waiver Progress Notes -GROUP

Client's Name

Client ID#:

Client's Date of Birth:

Contact Date:

Start Time:

End Time:

Duration:

Contact Entity:

Youth

Family/ Caregiver

Names:

Waiver Child Sibling

Names:

Waiver Service Type:

Respite

Skill Building

Family Support

Prevocational

Youth Peer Advocacy

Indicate participant to worker ratio for group:

1. Flexible Service Dollars Amount Spent: \$

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

2. Identify goal and objective number and letter that apply to this group contact:

3. Describe progress towards identified goal and objective:

4. Summary of contact for the Waiver child and/or each of h/her sibling and/or caregivers (*for additional space please use page 2*):

Signature:

Title:

Date of Entry:

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