

## Home and Community Based Service Waiver Progress Notes

Client's Name

Client ID#:

Client's Date of Birth:

Contact Date:

Start Time:

End Time:

Duration:

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Check type of contact:

Face-to-Face

Telephone

Contact Entity:

Youth

Family/ Caregiver

Collateral

Waiver Service Provider

Waiver Service Type:

ICC (Including Pre-enrollment)

Respite

Skill Building

Intensive In-Home

Crisis Response

Family Support

Prevocational

Supported Employment

Youth Peer Advocacy

Transitional Case Management

Non-Billable

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1. Flexible Service Dollars Amount Spent: \$

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

2. Identify goal and objective number and letter:

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3. Describe progress towards identified goal and objective:

4. Summary of contact (describe what occurred) *For additional space please use page 3:*

Signature:

Title:

Date of Entry:

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4. Summary of contact (describe what occurred) *Continuing from page 2:*

Signature:

Title:

Date of Entry: