Organization Name:	**Program Name:**	
Individual's Name (First / MI / Last):	**Record #:**	**DOB**:

Contact Type	☐ Onsite meeting ☐ Offsite meeting – Location: ☐ Telephone ☐ Follow Up Note ☐ Peer Support Service – In Intervention section, note purpose and summarize individual's participation.
List All Individuals Present	☐ Individual Present ☐ Others Present (please identify name(s) and relationship(s) to individual): ☐ No Show ☐ Person Canceled ☐ Provider Canceled Explanation:

New Issues / Stressors / Extraordinary Events Presented Today: ☐ New Issue Resolved, No Update Required
☐ New Issue, CA/IAP Update Required ☐ None Reported
Explanation:

Goal(s)/Objective(s) Addressed As Per Individualized Action Plan or ☐ Based on Initial Plan for Services:

Goal ___ Objective ___ Objective ___ Objective ___ Objective ___	Goal ___ Objective ___ Objective ___ Objective ___ Objective ___	Goal ___ Objective ___ Objective ___ Objective ___ Objective ___	Goal ___ Objective ___ Objective ___ Objective ___ Objective ___

Intervention(s) / Method(s) Provided :

Response to Intervention and Progress Toward Goals and Objectives:

Plan / Additional Information:

Completed By - Print Staff Name/Credentials:	**Staff Signature:**	Date:
Supervisor - Print Name/Credentials (if applicable**):**	**Supervisor Signature:**	Date:
Individual's Signature (Optional**):**		Date:

Date of Service	Staff Identifier	Loc. Code	Service Code	Mod 1	Mod 2	Mod 3	Mod 4	Start Time	Stop Time	Duration in Minutes