

MONTHLY SUMMARY NOTE - COMMUNITY HABILITATION

AGENCY: Trinity Assistance Corporation

MONTH / YR OF SERV. DELIVERY : _____

INDIVIDUAL'S NAME: _____

TABS ID : _____

MEDICAID # : _____

Provide a narrative that summarizes the implementation of the Community Habilitation Plan, and addresses the consumer's response to the services provided and any issues or concerns.

Address each of the following question:

1) Which valued outcomes were worked on this month?

2) What activities did you do to work toward the valued outcome and in what way did you provide support?

3) What was the client's response to the activities? How was the individual able to participate in the activity? Was he/she satisfied, challenged, resistant, frustrated, etc.?

4) Was there Progress or Regression toward the goal or did it stay the same?

5) Are there any issues or concerns?

SIGNATURE OF STAFF PERSON WRITING THE NOTE (required)

Self-hired Community Habilitation Staff

TITLE

DATE (mth/dy/yr)

SIGNATURE OF STAFF PERSON REVIEWING THE NOTE

TITLE

DATE (mth/dy/yr)