**\*Insert Agency Name Here\***

**CCS Progress Note**

|  |  |  |  |
| --- | --- | --- | --- |
| **Consumer Name:** | | Click here to enter text. |  |
|  | |  |  |
| **Date of Service:** | | Enter a date. |  |
|  | |  |  |
| **CCS Service Array:** | | Choose an item. |  |
|  | |  |  |
| **Provider Location:** | | Choose an item. |  |
| **Consumer Location:** | | Choose an item. |  |
|  | | |  |
| **Type of Contact:** | | Choose an item. |  |
|  | |  |  |
| **County Facilitator:** | | Click here to enter text. |  |
|  | |  | (double click on above table to edit) |
| **Specific CCS Goal/Treatment Objective Addressed with Consumer:** | | | |
| Click or tap here to enter text. | | | |
| **What did staff do to assist the consumer today to address this goal/objective?** | | | |
| Click or tap here to enter text. | | | |
| **How was the consumer able to demonstrate growth/progress towards accomplishing the goal/objective?**  **Describe consumer response to staff intervention.** | | | |
| Click or tap here to enter text. | | | |
| **Additional Information (consumer presentation, observations, significant events impacting functioning level, follow up needed, etc):** | | | |
| Click or tap here to enter text. | | | |
| **Print Name & Credentials:** | Click here to enter text. | | |
| **Provider Signature and Date:** |  | | |