**\*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:** |  |