## Community Mental Health for Central Michigan Out-of-Home Non-Vocational Habilitation (HAB) Progress Notes

Consumer Nam	onsumer Name: Consumer ID:	
Out-of-Home No	n-Vocational Habilitation (HAB) Goal/Objective	in PCP:
Date:	Start Time:	Stop Time:
Please provide a nar	rative on what occurred with this consumer (so if an outs	ider were reading this, they would be able to
reconstruct your shit	ft). If additional space is needed, please use the back side	e of this progress note.
	Staff Signature/Credentials	 Date
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Date:	Start Time:	Stop Time:
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	Staff Signature/Credentials	Date
Date:	Start Time:	Stop Time:
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