

Out-of-Home Non-Vocational Habilitation (HAB) Progress Notes

Consumer Name: _____ **Consumer ID:** _____

Out-of-Home Non-Vocational Habilitation (HAB) Goal/Objective in PCP:

Date: _____ **Start Time:** _____ **Stop Time:** _____

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

Staff Signature/Credentials _____ *Date* _____

Date: _____ **Start Time:** _____ **Stop Time:** _____

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

Staff Signature/Credentials _____ *Date* _____

Date: _____ **Start Time:** _____ **Stop Time:** _____

Please provide a narrative on what occurred with this consumer (so if an outsider were reading this, they would be able to reconstruct your shift). If additional space is needed, please use the back side of this progress note.

Staff Signature/Credentials _____ *Date* _____