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  ____________