

Community Mental Health for Central Michigan

## Supported Employment Progress Notes

Consumer Name: \_\_\_\_\_ Case ID#: \_\_\_\_\_

Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

**Attendees Present: (Family, staff, teachers, etc. No other consumers PHI)**

Name: \_\_\_\_\_ Relationship/Role: \_\_\_\_\_ Organization & Contact Info: \_\_\_\_\_

_____	_____	_____
_____	_____	_____
_____	_____	_____

**Goals/Objectives/Interventions:**

_____
_____
_____
_____

**MRS Involvement:**      Yes    or    No

**Phase of Employment:** Competitive Integrated Employment

Launch & Discovery /Assessment (H2023 1Y)

Jobs Search/Development (H2023 2Y)

Self-Employment (H2023 3Y)

Benefits Planning (H2023 4Y)

Employment Supports/Job Coaching (H2025)

**Data Section:**

**Education:** Are you currently in an education program?      Yes      No

If Yes: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Name of Program \_\_\_\_\_

**Employment:** Are you currently working competitively?      Yes      No

If Yes: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Job Title \_\_\_\_\_ Employer \_\_\_\_\_

Week Started \_\_\_\_\_ Hours this Week \_\_\_\_\_ Wage Per/Hour \_\_\_\_\_

**Disclosure/Consent:**

Was disclosure discussed with individual and/or parent/  
guardian?      Yes      No      N/A

**Discussion/Narrative:** 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.

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**Satisfaction Survey:**

Satisfaction with services, support and/or treatment discussed; consumer or representative satisfied.

Satisfaction with services, support and/or treatment discussed; consumer or representative *not* satisfied.

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Name (Printed): \_\_\_\_\_

Staff Signature: \_\_\_\_\_