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| --- | --- | --- | --- | --- | --- |
| Client Name: Click or tap here to enter text. | | Agency Name: Click or tap here to enter text. | | | |
| Type of Activity: Transitional Case Management  CSP Supported Employment  Peer Support | | | | | |
| Type of Service:  Individual  Group | | | | | |
| Location: Office Home Skilled Nursing Facility Nursing Facility CMHC Other | | | | | |
| Goal (s) Number: Click or tap here to enter text. | | Objective(s) Number: Click or tap here to enter text. | | | |
| Present at Session:  Client  Others (Please identify name (s) and relationship to client): Click or tap here to enter text. | | | | | |
| Interventions Provided: Click or tap here to enter text. | | | | | |
| Client Response to the Intervention: Click or tap here to enter text. | | | | | |
| Plan and Next Steps: Click or tap here to enter text. | | | | | |
| Level Of Assistance: 5 Maximum 4 Moderate 3 Minimum 2 Standby 1 Independent 0 Unable | | | | | |
| Signature and Credentials of Staff | Date of Sign | Date of Service | Start Time | Stop Time | Total Time |
|  |  | DOS | Start Time | Stop Time |  |

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|  |  | DOS | Start Time | Stop Time |  |

**\*Level of Assistance**

**5 - MAXIMUM ASSISTANCE – Cues –** Step by step **physical gestures, pointing and demonstrations**. **Prompts/Coaching -** Step by step **physical demonstrations with visual and verbal directions** that prompt the participant to perform the skills and/or tasks.

**4 - MODERATE ASSISTANCE – Cues** – Step by step **verbal & written directions/hints** to help organize thoughts. **Prompts/Coaching** – Step by step **verbal directions**.

**3 - MINIMUM ASSISTANCE – Cues** - **Verbal & written hints** related to the task. **Prompts/Coaching** – **Written and/or verbal directions**.

**2 - STANDBY ASSISTANCE – Cues** – **Visual demonstrations** related to the task. **Prompts/Coaching** – **Visual and physical directions** that prompt the participant to perform the skills and/or tasks.

**1 - INDEPENDENT – No physical or cognitive assistance needed to perform activities or tasks.**

**0 - UNABLE TO ASSESS OR INDIVIDUAL REFUSES TO BE ASSESSED.**