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| **Client Name:** | **Month/Year** |
| **Agency Name:** |
| **Waiver Service**❑ Transitional CM ❑ ACT ❑ CSP ❑ Supported Employment ❑ Peer Support  |
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| **Goal Number:** | **Objective Number:** |
| **(**Describe progress or continued stabilization, evidence of progress or stabilization from perspective of both provider and client.) |
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| **Average Level of Assistance Provided** ❑ Maximum ❑ Moderate ❑ Minimum ❑ Standby ❑ Independent |

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| **Goal Number:** | **Objective Number:** |
| **(**Describe progress or continued stabilization, evidence of progress or stabilization from perspective of both provider and client.) |
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| **Average Level of Assistance Provided** ❑ Maximum ❑ Moderate ❑ Minimum ❑ Standby ❑ Independent |

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| **Goal Number:** | **Objective Number:** |
| **(**Describe progress or continued stabilization, evidence of progress or stabilization from perspective of both provider and client.) |
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| **Average Level of Assistance Provided** ❑ Maximum ❑ Moderate ❑ Minimum ❑ Standby ❑ Independent |
| **Client Name:** |
| **Agency Name:** |

**Summary of Client Progress**

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| **Stressors/Extraordinary Events During Past Month:** ❑None Reported❑Required Modification of Plan see below |
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| **Hospital Notification** **[ ]  N/A** |
| Facility Name:  | Date: |
| ❑Emergency Dept ❑Inpatient | ❑Medical ❑Psychiatric | ❑ Planned ❑ Unplanned |

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| **Suggestions for changes or modification of Recovery Plan:** |
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| **Signature of Primary WISE Service Staff/Credential:** | **Date:** |
| **Signature of Licensed Clinician/Date (if required)** | **Date:** |
| **Signature and Date of Client (Optional):** | **Date:** |

***Level of Assistance (LOA) Definitions:***

**MAXIMUM ASSISTANCE – Unable to meet minimal standards of behavior or functioning in order to participate in daily living activities or performance of basic tasks approximately 75% of time.**

**MODERATE ASSISTANCE – Needs constant cognitive assistance such as 1:1 cueing, prompting/coaching or demonstrations to sustain or complete simple, repetitive activities or tasks safely and accurately approximately 50% of time. MINIMUM ASSISTANCE – Needs periodic cognitive assistance (cueing and/or prompting/coaching) to correct mistakes, check for safety and/or solve problems approximately 25% of time.**

**STANDBY ASSISTANCE – Supervision by one person is needed to enable the individual to perform new procedures for safe and effective performance.**

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