

**WISE Services
Monthly Progress Note**

Client Name:	Month/Year
Waiver Service	
<input type="checkbox"/> Transitional CM <input type="checkbox"/> ACT <input type="checkbox"/> CSP <input type="checkbox"/> Supported Employment <input type="checkbox"/> Peer Support	

Goal Number:	Objective Number:
(Describe progress or continued stabilization, evidence of progress or stabilization from perspective of both provider and client.)	

Average Level of Assistance Provided	
<input type="checkbox"/> Maximum <input type="checkbox"/> Moderate <input type="checkbox"/> Minimum <input type="checkbox"/> Standby <input type="checkbox"/> Independent	

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Client Name: _____

Summary of Client Progress

Stressors/Extraordinary Events During Past Month: None Reported Required Modification of Plan see below

Hospital Notification N/A

Facility Name:	Date:
<input type="checkbox"/> Emergency Dept <input type="checkbox"/> Inpatient	<input type="checkbox"/> Medical <input type="checkbox"/> Psychiatric
	<input type="checkbox"/> Planned <input type="checkbox"/> Unplanned

Suggestions for changes or modification of Recovery Plan:

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.