

PROVIDER NETWORK PROGRESS REPORT LOG

Pre-signing or altering of logs is fraudulent behavior and may be grounds for termination from the Network and any future contractual relationships with the County

- | | |
|-------------------------------------|---------------------------------------|
| <u>Check One</u> | <u>Check One</u> |
| <input type="checkbox"/> Wraparound | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> REACH | (5521/H2021) |
| <input type="checkbox"/> FISS | <input type="checkbox"/> Parent Asst. |
| | (5522/55111) |

For: Month _____ Year _____

Provider's Name/Agency: _____ Phone: _____

Name of Client Being Served: _____
(If a sibling /child/parent of an identified enrollee indicate enrollees name): _____

Legal Guardian's Name: _____ Relationship: _____

Care Coord./Agency or FISS Mngr.: _____ Phone: _____

Need/Goal: 1) _____
Strategy: _____

Need/Goal: 2) _____
Strategy: _____

Need/Goal: 3) _____
Strategy: _____

NOTE: ALL NEEDS/GOALS MUST BE ADDRESSED MORE THAN ONE TIME DURING THE MONTH

Overall Monthly Outcomes (circle one # in each row) 1= Poor Progress 3=Satisfactory Progress 5=Excellent Progress

Need/Goal # 1	1	2	3	4	5
Need/Goal # 2	1	2	3	4	5
Need/Goal # 3	1	2	3	4	5

DATE (i.e., 8/29/01)	-TIME FRAME SEEN (i.e.- 4:00 – 7:00 p.m.) -TOTAL TIME SEEN -BILLABLE TIME	<u>ACTIVITY, COMMENTS & PROGRESS RELEVANT TO IDENTIFIED NEEDS/GOALS</u> Type of Contact: FF = Face to Face PH =Phone W =Written NS = No Show MTG = Child and Family Team/POC mtg./other youth-family meeting Must have one note entry for every contact made REMINDER: Phone/written contacts/No Shows are NOT billable for Parent Asst. and Tutoring but must be documented.
	Time Frame: Total Time: Total Billable Time: <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div>	Location of FF/NS/MTG: _____ Type of Contact: (circle one) FF PH W NS MTG Activity/conversation engaged in, client's mood/any significant behaviors/reactions:

Legal Guardian or Caregiver's
Signature
Date _____

Provider's Signature
Date _____

Wraparound/REACH Care Coord. or
FISS Manager Signature
Date _____

Agency Administration Approval: _____ Date: _____

Using billing code (check one): Tutoring - 5521 or H2021 Parent Assistant - 5522 or 55111