Targeted Case Management | Progress Note | SoonerStart

Child's Name: Last, First, M.I.	D.O.B.	COUNTY:	DIAGNOSIS CODE: 31 59	DATE OF SERVICE:

LOCATION TYPE (Check One):

☐ Phone	☐ Store/Mall	☐ Home	☐ Childcare
☐ Letter/Fax	☐ Church	☐ Therapist's Office	☐ Park/Playground
☐ Health Dept.	☐ Hospital	☐ School	☐ Other

ENCOUNTER TYPE (Check One):

☐ Family Interview	☐ Notification	☐ Eval./Assessment	☐ Family Asses.
☐ Screening	☐ Correspondence	☐ Transition	☐ 30 Day Follow-up
☐ IFSP/IFSP Review	☐ Service - Coordination	☐ I.E.P.	

ATTENDED: ☐ Yes ☐ No (If "No" check reason why)

☐ Client Cancelled	☐ Client "No-Show"
☐ R.C. Cancelled	☐ Provider Cancelled
☐ Unable to locate family	☐ Weather

Starting Time:	Ending Time:	**My signature verifies that this service took place at the time and location indicated.** **Parent / Caregiver Signature.**

Total Documentation Time:	Total Medicaid Billable Time:	Procedure Code: **T1016**	Modifier 1: **TL**	Modifier 2:

Child's Medicaid Number:		Current Number		None at this time	☐ Applying
		New Number		Unknown	

Service Coordinator notes documenting encounter services rendered.

Include the following detail as applicable: type of Medicaid activity (ARRANGE/REFER/MONITOR), who was present, list coaching/mentoring activities, caregiver report, observations, material provided, progress made towards goals, and planned future activities. Cancellations and no-shows Should also be documented.

	Continued on back? ☐ Yes ☐ No	Date note was written/finished: