

**Community Choices Waiver
 Permanent Supportive Housing
 Housing Stabilization Services
 Housing Transition/Crisis Intervention Services
 Progress Note Form**

Participant's Name: _____

PSH Agency Name: _____

Peer Support Specialist Name: _____

Community Support Specialist Name: _____

Contact Types: P=Phone Contact with Participant F=Face to Face with Participant C=Collateral Contact (specify in note)
 I=Incident

Note: The FULL SIGNATURE of the service provider MUST follow each individual progress note.

Date	Contact Type	Start Time	End Time	Total Time	Notes
					Signature: _____ Date: _____
					Signature: _____ Date: _____