**Daily Entry**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Date:** |  | **Start Time:** |  | **End Time:** |  |

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| --- | --- | --- |
| **Type of Contact:** | Individual | Group |

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| --- | --- | --- |
| **Location of Service:** | Facility | Community |

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| **Recovery Interventions** |  | |
| Developing a relationship and trust | Developing new skills | |
| Determining individual readiness for rehabilitation | Supporting and practicing existing skills | |
| Completing mutual assessment of needs | Overcoming barriers to using skills | |
| Goal setting | Identifying or modifying an individual’s resources | |
| Prioritizing needed and preferred skills and supports | Other: |  |
| Planning for resource development |  | |

**Summary of Contact**

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| --- | --- | --- | --- |
| **Goal #:** |  | **Objective:** |  |
| **Describe the services provided as related to the individual’s goal and objective** | | | |
| **Describe the individual’s progress** | | | |
| **Describe next steps** | | | |
| **Individual comments** (optional) | | | |

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| **Individual’s Signature:** |  | **Date:** |  |
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| --- | --- | --- | --- | --- | --- |
| **Staff Name:** |  | **Staff Signature:** |  | **Date:** |  |

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| **MA-billable services** | **Time** | **Units** |
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|  | **Total** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Date:** |  | **Service:** |  | **Dept:** |  |

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| --- | --- | --- |
| **County-billable services** | **Time** | **Units** |
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|  | **Total** |  |

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| --- | --- | --- |
| **OVR-billable services** | **Time** | **Units** |
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|  | **Total** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Non-billable services** | | | | | | | **Time** | | **Units** |
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|  | | | | | | | **Total** | |  |
| **Individual’s Signature:** | |  | | **Date:** |  |  | **Grand Total** | |  |
| **Staff Name:** |  | | **Staff Signature:** |  | | | **Date:** |  | |