**Daily Entry**

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

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

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

|  |  |
| --- | --- |
| **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**

|  |  |  |  |
| --- | --- | --- | --- |
| **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) |

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Staff Name:** |  | **Staff Signature:** |  | **Date:** |  |

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

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

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

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

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