NAME:_____ Date of Birth: ____/_____/_____

VO CM:_____ VO CM Site: _____

Date of Service: ___/____/_____ Start Time:____:____ End time: ___:____ Duration: _____

□ CMB	□ PAS	□ SE/SA
□ CMB2	□ PDV	□ RST
□ CMB3	□ PAN	□ PST
□ PRT	□ POA	□ RPL
□ PRT2	□ WELL	□ REC
□ SRP	□ WRAP	

Check exactly 1 response in each of the columns below except 'Contact With'. For 'Contact With' check all that apply.

Billing Code (pick 1)	**Service Category** (pick 1)	**Contact with** (chk all that apply)	**Was it?** (pick 1)	**Contact Type** (pick 1)
□ Peer Support (Under 3 hrs) **H0038**	□ Individual Living Skills	□ Participant	□ In Office	□ In Person
□ Peer Support (3 hrs or more) **H2016**	□ Vocational Support	□ Family/Friend	□ At Home	□ Telephone *
□ Living Skills Training **H2014**	□ Housing Support	□ Case Manager	□ Other	□ E-mail *
□ Pre Job Training and Development **H2027**	□ Substance Use Support	□ Other		* T1016 only

□ Personal Assistance (less than 12 hrs) **T1019**
□ Personal Assistance (12 hrs or more) **T1020**
□ Case Management -Engagement (direct contact with the person) **T1016**
□ Case Management -Non-Engagement (no direct contact with the person) **T1016**
□ Individual Counseling **H0004**
□ Transportation Out of Office **S0215** □ POV □ META Vehicle Total Miles_____ Loaded Miles _____

□ Non-billable

□ Person was not present. The following 'Your Comments' sections do not apply.

Your Comments (Your feed back and comments are important to us, please make a note)

□ I was very involved.	□ I am unique and wonderful.	□ I found the meeting helpful.
□ I felt supported.	□ I am undecided about our activity today.	□ I believe I can recover.
□ I learned about personal responsibility.	□ I feel more hopeful.	□ I feel more relaxed after our meeting.

Your Comments:

On a scale of 1 – 10 with 10 being the best,
how were you feeling at the start of the meeting? _____ and now? _____

_____
Your Signature

Peer Support Specialist comments about the meeting **Included in Comments are: □ Action Items □ No Action Items**

Staff _____ _____
Name *Signature*