**TARP Progress Note**

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| **Date of Service:** |       |
| **Consumer Name:** |       |
| **Provider Name/Agency:**  |       |
| **Type of Contact:** | [ ] Face to face[ ] Phone with consumer *(billable only by Service Facilitator)*[ ] Collateral contact *(billable only by Service Facilitator)*[ ] Other (specify):       |
| **Place of Service:** |       | **Round Trip Mileage:** |       |

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|  | **Start Time** | **End Time** | **Total Minutes** | **Notes** |
| **Service delivery:** |       |       |       | *If under or over the authorized service time, please explain:*       |
| **Travel:**  |       |       |       | *If not from office to place of service and return, or if there were extenuating circumstances, please explain:*       |
| **Recordkeeping:** |       |  |

**Treatment Goal(s) or Objective(s) Addressed:** *(must match current Recovery Plan)*

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**Activity / Assessment:**

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| **Please select the service/activity category**

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| **[ ]**  | Screening and Assessment | **[ ]**  | Individual Skill Development and Enhancement |
| **[ ]**  | Service Planning | **[ ]**  | Employment Related Skill Training |
| **[ ]**  | Service Facilitation | **[ ]**  | Individual and/or Family Psychoeducation |
| **[ ]**  | Diagnostic Evaluations | **[ ]**  | Wellness Management and Recovery/Recovery Support Services |
| **[ ]**  | Medication Management | **[ ]**  | Psychotherapy |
| **[ ]**  | Physical Health Monitoring | **[ ]**  | Substance Abuse treatment |
| **[ ]**  | Peer Support |  |  |

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| **Description:** *(Include mental status observations, details of the service/activity you provided, how it related to the goal, how you supported the consumer with the activity)*      |

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**Response / Progress:** *(describe the consumer’s response to/participation in the service/activity)*

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**Plan:** *(describe the plan for the next meeting or next step in services/the intervention)*

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| **Activities not Included in “Contact Time” above:** *(Activities not billable on an interim basis such as in-person or phone collateral contacts and phone contact with consumer)* |
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| **Provider’s Name** |  | **Provider’s Credentials** |
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| **Provider’s Signature** |  |  |