

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

PROGRESS NOTES

BRIDGES TO HEALTH (B2H) HOME & COMMUNITY BASED SERVICES MEDICAID WAIVER PROGRAM

CHILD'S NAME, (LAST, FIRST, MI.):		
DATE OF BIRTH:	SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	MEDICAID CIN #:

HCIA/WSP:
NAME OF PERSON COMPLETING FORM:

<p>B2H WAIVER TYPE (Check one only)</p> <p><input type="checkbox"/> B2H Serious Emotional Disturbance (SED) Waiver</p> <p><input type="checkbox"/> B2H Developmental Disabilities (DD) Waiver</p> <p><input type="checkbox"/> B2H Medically Fragile (MedF) Waiver</p>
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INSTRUCTION: To be documented for all contacts and/or significant events on behalf of or with child/medical consentor and/or family/caregiver and /or collaterals that cannot be recorded on the Service Summary Form (OCFS-8018). Progress Notes must also be used to document team meetings.

Give Event Date, Entry Date and Initials of person documenting at the beginning of each new note entry.

EVENT DATE:

ENTRY DATE:

INITIALS:

<p>NOTES:</p>

Give Event Date, Entry Date and Initials of person documenting at the beginning of each new note entry.

EVENT DATE:
ENTRY DATE:
INITIALS:

NOTES: