|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Case Name: | {{case\_name}} | Service month: {{service\_month}} | | |  |
| PATH Case ID: | {{case\_number}} | Date of report: {{date}} | | |  |
| Client Name(s): | {{clients\_name}} | Provider agency name: {{agency\_name}} | | |  |
| PATH # of all clients receiving services: | {{path\_numbers}} | Staff completing report: {{provider}} | | |  |
| Client Address and Contact Information: |  |  | |  | | --- | | BSS worker and | |  |  |
| contact information: {{case\_worker}}  {{worker\_email}} |  |
|  |  |  | | | |

**Referral Information/Services Requested:**

{{referral\_info}}

**Treatment Goals as outlined by DoHS, MDT, Terms/Conditions of Period of Improvement:**

{{treatment\_goals}}

**Documentation/information requested from the BSS worker that has not been received (include date(s) requested):**

{{information}}.

**Dates of service completed, contacts, and cancelled appointments:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Service | Time start and stop | Individuals present for service or reason for cancellation | Mileage |
| {{#services}}  {{service\_date}} | {{service}} | {{start\_time}}-{{stop\_time}} | {{participants}} | {{milage}} |
| {{/services}} |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

**Summary of Services Provided:**

**{{summaries}}**

**Service #1**:

Staff member who provided services: {{provider}}

Lesson provided & curriculum used services: {{lessons}}

Summary of service, participation, and outcomes: {{summary}}

**Service #2:**

Staff member who provided services: {{provider}}

Lesson provided & curriculum used: {{lessons}}

Summary of service, participation, and outcomes: {{summary}}

**Service #3:**

Staff member who provided services: {{provider}}

Lesson provided & curriculum used: {{lessons}}

Summary of service, participation, and outcomes: {{summary}}

**Please add this information for each additional service provided.**

**Progress towards or challenges with case plan goals: List goals from case plan and address each separately.**

{{goals}}

**Changes to immediate or impending safety threat(s). List identified safety threats from safety plan and address each separately**.

{{safety\_threats}}

**Significant life events:**

{{life\_events}}

**Focus for next service period:**

{{focus}}

**Recommendation for BSS related to case plan goals and services provision:**

{{recommendations}}

**I certify, on behalf of the provider listed herein, the services described in this report have been provided to the family.**

|  |  |
| --- | --- |
| Authorized Agency  Representative (print): | {{agency}}  {{provider}} |
| Signature: | {{signature}} |
| Title: | {{title}} |
| Date: | {{date}} |
| Contact Information: | {{provider\_contact}} |