# Kuna Counseling Center

***145 E Deer Flat Rd., Kuna, Idaho 83634-1323***

***(208) 922-9001***

**Respite Care Progress Note**

**Member Name**:       **Date of Service:** Select

**Respite Provider**:       **Start Time:**

**Billing Code**: Respite S5150 **End Time:**

**Duration:** Select

**Descriptions of Intervention**

State where the services took place: Home  Community

**Objective(s) Addressed and Targeted Skill Area**: Provide relief and de-escalation of stressful situations for the caregiver(s) as evidenced by child spending at least 5 hours per month with Respite Provider for the next 3 months.

**Type of Intervention:** *(i.e. observation, monitoring, assisting, rapport building, questions, active listening, modelling, games, Interactive activities, reading, quiet time, free play, tv/movie, verbal/non-verbal cues, limit setting, active ignoring, consequences)*

**Progress or Lack of Progress towards Treatment Goals**: Member Participated in Respite Program

**Narrative**:

**Critical Incidents/Interventions/Complaint/Grievance**:  **No  Yes**

**If yes please explain:**      

Signature and Credentials:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_