# Kuna Counseling Center

***145 E. Deer Flat Rd., Kuna, ID 82624***

***Phone: (208) 922-9001 Fax: (208) 922-3778***

**Targeted Care Coordination Note**

**Client Name**:       **Date of Service:** 6/30/2020

**Targeted Care Coordinator**:       **Start Time:**

**Billing Code**: T1017 U3 HN - TCC  **End Time:**

**Duration:**

(N) State where the services took place: Home  Community

And who you were with: Client  Family

(A) State the goals and tasks set at the beginning of services for the client. You will not always work on

all of them at each date of service.

**Objective** **1.1 (T1017):**

**1 - Completed/Maintenance 2- Substantial 3 – Moderate 4- Minimal 5 - Regression**

**Objective** **2.1 (T1017):**

**1 - Completed/Maintenance 2- Substantial 3 – Moderate 4- Minimal 5 - Regression**

**Objective** **3.1 (T1017):**

**1 - Completed/Maintenance 2- Substantial 3 – Moderate 4- Minimal 5 - Regression**

**Objective** **4.1 (T1017):**

**1 - Completed/Maintenance 2- Substantial 3 – Moderate 4- Minimal 5 - Regression**

**Narrative of Service:**

(P) State the plan. I will meet with them: Date: Select Time:

To work on: