

**NATURAL FREEDOM, INC.
SERVICE/PROGRESS NOTES
(Macomb)**

Consumer: _____

Case #: _____

Agency ID: _____ **NATURAL FREEDOM, INC. - 3503**

Date	Code	Start Time	AM/ PM	Stop Time	AM/ PM	Summary of Consumer Activities and Support(s) Provided
	CLS					
	RESP					
	CLS					
	RESP					
	CLS					
	RESP					
Employee Signature: _____ DCW						
Employee Signature: _____ DCW						
Employee Signature: _____ DCW						

By signing this form we certify the information is true and complete to the best of our knowledge. We understand that intentionally submitting false information will be subject to perjury penalties as provided by law.

Consumer Signature or
Consumer's Representative:

_____ DCW