

# NATURAL FREEDOM, INC. SERVICE/PROGRESS NOTES (Oakland)

Consumer: \_\_\_\_\_  
Agency ID: NATURAL FREEDOM, INC.

Date	Circle One	Start Time	AM/PM/M	Stop Time	AM/PM	Summary of Consumer Activities and Support(s) Provided
	CLS					
	RESP					
	DHS					
Total Hours:						
						Employee Signature: _____, DCW
	CLS					
	RESP					
	DHS					
Total Hours:						
						Employee Signature: _____, DCW
	CLS					
	RESP					
	DHS					
Total Hours:						
						Employee Signature: _____, DCW

By signing this form I certify that I have reviewed and confirm the dates, times and activities to be accurately noted.

GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_