



Hope Recovery Network

Weekly Peer Specialists Service Documentation

Client Name: Jane John

Peer Support Name: First Last

County: Ottawa

Peer Support Phone: 411-111-111

Diagnosis: Both

Firelands/Bayshore/Member/Other: Firelands

Service Activity Log		
	Date	# of Hours
Sunday		
Monday	1/11/22	0.25
Tuesday		
Wednesday	1/13/22	2.25
Thursday		
Friday		
Saturday	1/16/22	0.08*
TOTAL HOURS PROVIDED:		2.50

(Round up to quarter hrs.
10 min call rounds to 0.25)

(*Unanswered calls / texts
are max 0.08 per day)

Total required

Narrative Summary of Contacts This Week:

WEEKLY PEER SERVICE DOCUMENTATION: FORM INSTRUCTIONS

Time submitted on this form will be reviewed by the HRN supervisor before being sent to various agencies to be processed. Please complete the information of each area as follows:

- **Client Name:** Any time will be processed directly to this person and must be spent directly with them;
- **County:** Participant's primary residence and is used to process billing;
- **Diagnosis:** Choose 'MH' for mental health, 'AoD' alcohol & other drugs, or 'Both' for co-occurring;
- **Firelands/Bayshore/Member/Other:** Select the "Referring Agency." *If you are unsure of the correct answer please clarify with the HRN supervisor before submitting to ensure proper processing.*
- **Signature & Date:** When typing or signing in these fields, you attest the information is true and accurate to your knowledge on that date. Please double check all of the fields are correct before submitting.

"Narrative Summary of Contacts This Week"

- This section is an on-going skill and will be addressed in monthly supervision.
- Generally speaking, avoid too little and avoid too much.
- **BEGINNING TIPS:** See "SOAP" and "WRAP"
<https://www.wellnessrecoveryactionplan.com/what-is-wrap/>

SOAP Progress Notes

Subjective	A description of the current state of the client including their feelings, affect, performance, and observations from third parties.
Objective	Measurable outcomes about your client's progress or performance.
Assessment	Your analysis and interpretation of the client's progress.
Plan	What is to happen after the visit including referrals, any between-session homework, emergency or safety plans, and when you will next follow up or meet.

Signature Peer Support Specialist: *Typed Signature okay*

Date:

Date of signature
