## **Create Case Note Template (**[]]

Entered. Data-Driven.

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To Do	General					
Individual	Provider	Preferences   Password Policy   Archive Preference				
Health		New   List   Import from Excel				
Admin	User	Search Imported Excel   Titles   New Tit   Assign External System ID   Self Password Reset				
Agency Reports	Questionnaire	Create   Search				
Individual Home Page	Case Note Template	Manage Location   Manage Activity Type   Create Template   Template Configuration				
Settings	Age Configuration	New   List				



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#### Case Note Template o

Template Details										
eld Proper	ties									
	Time	Service & Unit Rate (\$)	Activity Type	Location	Billable	Face to Face	Person Contacted	Questionnaire	Attachment	Notes
Visible			•	Ø	•	V				•
Required										

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### Case Note Template

Please see below for error messages! Person Contacted should be marked as visible since its required

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Centered. Data-Driven.

* Name	Disability Identification		
Time Format	<ul> <li>Duration </li> <li>Time Range</li> </ul>		
Activity Type(s)	Search		
	Assessment	×	
Location(s)	Search		
	School	×	
Questionnaire	WG Short Set of Questions on Disability	•	

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	<b>Therap</b> <sup>®</sup> Global Person-Centered. Data-Driven.
Time Format	<ul> <li>Duration Time Range</li> <li>Required</li> </ul>
Activity Type(s)	Search
Location(s)	Activity Type should be added since its a required field Search
	Location should be added since its a required field

Activity Type(s)	Search	
Location(s)	Search	
Questionnaire	- Please Select -	

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**nerap** Global

No

Yes

Person-Centered. Data-Driven.

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#### Case Note Template created with name "Disability Identification"

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Back to Dashboard

Create New

View this template

**Template Configuration** 

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#### Case Note Template

Template Details		
Field Properties		

	Time	Service & Unit Rate (\$)	Activity Type	Location	Billable	Face to Face	Person Contacted	Questionnaire	Attachment	Notes
Visible	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Required	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

#### **Field Values**

Name	Disability identification
Time Format	Duration
Activity Type(s)	Assessment
Location(s)	School
Questionnaire	WG Short Set of Questions on Disability

Cancel Back

Discontinue