

Create Case Note Template (Admin User Permissions)

Provider Setup administrative (Admin User Permissions) instructions are provided below. For more information, please refer to the [Provider Setup administrative](#) page.

1. Admin (User) Permissions Case Note Template (Admin User Permissions)
 Admin User Permissions **Create Template** (Admin User Permissions) instructions are provided below.

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

2. 'Case Note Template page (Admin User Permissions)' In **Field Properties** (Admin User Permissions) section, the **Visible** (Admin User Permissions) checkbox is checked. The **Required** (Admin User Permissions) checkbox is checked.

(Optional) You can specify a duration or time range for the activity. If you specify a duration, the activity will be recorded for the specified amount of time. If you specify a time range, the activity will be recorded for the specified range of time.

Time Format Duration Time Range

Required

Activity Type(s)

Activity Type should be added since its a required field

Location(s)

Location should be added since its a required field

- **Case Note Template** (Optional) You can specify a Case Note Template, **Activity Type** (Optional), **Location** (Optional), or **Questionnaire** (Optional) for the activity. If you specify a Case Note Template, the activity will be recorded with the specified template. If you specify an Activity Type, Location, or Questionnaire, the activity will be recorded with the specified type, location, or questionnaire.

Activity Type(s)

Location(s)

Questionnaire

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