

### Proveedor de Cuidado,

Las zonas marcadas son las áreas obligatorias que debe completar al llenar una nota de servicios. Es importante para los fines de facturación y auditoría que estas formas sean llenadas con claridad y completamente. **Las secciones más comunes incompletas incluyen: fecha, hora de entrada/salida, la firma, y lugar de servicio.** Si usted tiene alguna pregunta sobre cómo completar estas hojas, por favor de comunicarse a la oficina al **214-741-6359**. Gracias por su ayuda y cooperación.

#### Respite Service Delivery Log

Individual Name (First, Last) <i>JOHN DOE</i>	Place of Service(s) <i>Home, School, Church, Library</i>	Local Case No./Care ID <i>12345</i>
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Date (mm/dd/yy) <i>1/5/13</i>	One form per day
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Mark (initial or check) all areas in which you provided assistance to the person:

Activities of Daily Living	Time In <i>3:00PM</i>	Time Out <i>7:00PM</i>	Time In	Time Out	Time In	Time Out
Bathing		✓				
Dressing		✓				
Personal Hygiene		✓				
Eating						
Meal Planning		✓				
Meal Preparation						
Housekeeping		✓				

Habilitation	Time In	Time Out	Time In	Time Out
Improve Independent Living Skills		✓		
Community Integration				
Develop Socially Valued Behaviors		✓		
Use of Natural Supports				
Participate in Leisure Activities		✓		
IP Skill Development		✓		

Assisting With	Time In	Time Out	Time In	Time Out
Ambulation and Mobility				
Administration of Medication		✓		
Reinforcing Specialized Therapies				
Transportation		✓		
Supervising Safety and Security				
Other		✓		

Comments (Special Events/Occurrences)		
Date	Staff Initials	Comments
<i>1/5/13</i>	<i>J.W.</i>	<i>John competed in the Special Olympics today and won third place in his competition.</i>

Employee Signature	Initials	Staff ID	Employee Signature	Initials	Staff ID
<i>[Signature]</i>	<i>J.W.</i>				

### Respite Care Providers,

Highlighted and marked with red arrows are the required fields you must complete when filling out a service delivery log. It is important for billing and audit purposes that these forms are filled out accurately and entirely. **Most common fields left blank include: Date, Time In/Out, Signature, and Place of Service.** If you have any questions on how to complete these forms, please contact our office at **214-741-6359**. Thank you for your help and cooperation.

#### Respite Service Delivery Log

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