



The Arc of Franklin & Fulton Counties  
2314 Philadelphia Avenue  
Chambersburg, Pa. 17201  
Phone: (717) 264-4390  
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### In-Home & Community Supports

For People with Intellectual  
and Developmental Disabilities

[www.thearcoffranklinfultoncounties.com](http://www.thearcoffranklinfultoncounties.com)

Staff Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_  
Odometer Start: \_\_\_\_\_ Finish: \_\_\_\_\_ (consumer must be in vehicle) Total Miles: \_\_\_\_\_  
Staff Expenses: \_\_\_\_\_ Receipt must be attached. Receipt not valid if missing name of store, date, and/or time

Consumer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Frequency/Duration of Service: \_\_\_\_\_  
Consumer Goal Listed in ISP: \_\_\_\_\_  
Consumer Goal Listed in ISP: \_\_\_\_\_  
Consumer Goal Listed in ISP: \_\_\_\_\_

**Service Definition:** In-home and Community Supports is a direct service provided in home and community settings to assist participants in acquiring, maintaining, and improving the skills necessary to live in the community, to live more independently, and to participate meaningfully in community life. Supports in the community must be inclusive rather than segregated. Services consist of assistance, support and guidance (physical assistance, instruction, prompting, modeling, and reinforcement) in general areas of self-care, health maintenance, decision making, home management, managing personal resources, communication, mobility and transportation, relationship development and socialization, personal adjustment, participating in community functions and activities and use of community resources.

Hours: \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm **ISP Goal:** \_\_\_\_\_  
Service Summary: \_\_\_\_\_

Consumer Progress: \_\_\_\_\_

Hours: \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm **ISP Goal:** \_\_\_\_\_  
Service Summary: \_\_\_\_\_

Consumer Progress: \_\_\_\_\_

Hours: \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm **ISP Goal:** \_\_\_\_\_  
Service Summary: \_\_\_\_\_

Consumer Progress: \_\_\_\_\_

Hours: \_\_\_\_\_ am/pm \_\_\_\_\_ am/pm **ISP Goal:** \_\_\_\_\_  
Service Summary: \_\_\_\_\_

Consumer Progress: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
Next Scheduled Service: \_\_\_\_\_

**My signature below verifies that I received/provided a service on the dates and times listed above. I understand that payment for these services are from Federal and State funds, and that any false claims, statements, documents, or concealment of material facts may be prosecuted under Federal and State Laws. Additionally, I understand falsification of services, dates, times, mileage, and/or expenses are terms for immediate termination of employment and/or services with The Arc of Franklin & Fulton Counties.**

Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Consumer/Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_