



# AWC Respite Service Report

2314 Philadelphia Ave  
Chambersburg, Pa 17201  
Phone: (717) 264-4390  
Fax: (717) 264-4390

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

Employee Name: \_\_\_\_\_ Date of Service: \_\_\_\_\_

Hours of Service: \_\_\_\_:\_\_\_\_ am/pm to \_\_\_\_:\_\_\_\_ am/pm Total Hours: \_\_\_\_\_

**Respite Service Definition:** provided to supervise and support individuals living in private homes on a short-term basis due to the absence or need for relief of those persons normally providing care. **24 hour respite is provided for periods of more than 16.25 hours. Service are based on available funding (change effective 9/4/2017).**

Consumer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

FREQUENCY/DURATION: \_\_\_\_\_

OUTCOME: \_\_\_\_\_

SERVICE SUMMARY: \_\_\_\_\_

PROGRESS/NO PROGRESS: \_\_\_\_\_

FOLLOW UP: \_\_\_\_\_

My signature below verifies that I received/provided a service on the dates and times listed above, as indicated above in the Service Summary section. 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.

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of ConsumerGuardian: \_\_\_\_\_ Date: \_\_\_\_\_