



OFFICE USE ONLY

Supervisors' approval initials: \_\_\_\_\_
Date: \_\_\_\_\_ Hours Approved: pay \_\_\_\_\_ bill \_\_\_\_\_
Mileage Approved: \_\_\_\_\_ Food Expense: \$ \_\_\_\_\_
Activity Reimbursement: \$ \_\_\_\_\_ EVV Verified: \_\_\_\_\_
Community Reimbursement Approved: \$ \_\_\_\_\_

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1:3 Companion Service Report

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

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

Consumer's Name: \_\_\_\_\_ Location: \_\_\_\_\_

Odometer start \_\_\_\_\_ Odometer end \_\_\_\_\_ Total Miles \_\_\_\_\_

Did staff supervise individual during services for personal safety? Yes No

Did staff provide choices to the individual? Yes No

Did staff and the individual engage in a community outing? Yes No

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

Multiple horizontal lines for service summary details.

Describe progress towards goals for today: \_\_\_\_\_

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 Consumer/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

EVV notes \_\_\_\_\_