The Arc
Franklin & Fulton Counties

OFFICE USE ONLY

Supervisors' approval initials: _____ Date: _____

Hours Approved: pay_____bill_____ EVV Verified: _____

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

AWC Respite 24 Service Report

Employee Name: _____Date of Service: _____

Hours of Service: ____:____ am/pm to ____:____am/pm Total Hours:_____

Consumer's Name: _____ Location: _____

Did you complete personal care items? Yes No

Did you supervise awake time for health and safety? Yes No

Did you supervise sleep time for health and safety? Yes No

Service Summary:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

My signature below verifies that I received/provided a service on the dates and times listed above or documented corrections below. Further, all of the information in the entirety of this document is true and factual. 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 _____