

Community Connections

Older Alaskans and Adult Resource Services

Respite Service Note

Respite simply means short-term relief for primary caregivers.

Person receiving respite services: _____ Month & Year: _____

Name of Employee: _____ Signature _____

Daily Documentation of Respite Services Provided

DATE:	Time In	Time Out	Total Hrs
Check the areas where assistance was provided: ___ monitoring of safety ___ daily living skills ___ hygiene ___ meals ___ approved transportation ___ dressing ___ socialization ___ recreation ___ errands with customer			
Briefly describe what occurred on this day (significant happenings, activities, events, outings, etc...)			

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