



# Respite Service Note

Community Connections  
Older Alaskans and Adult Resource Services

Name of Person Receiving Services \_\_\_\_\_

Month & Year \_\_\_\_\_

Employee Name \_\_\_\_\_

Employee Signature \_\_\_\_\_

Respite simply means short term relief for primary caregivers

### 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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Total Number Respite Hours Provided \_\_\_\_\_ x 4 = \_\_\_\_\_ Units Billed This Page