



The Arc of Franklin & Fulton Counties  
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## AWC Respite 15 Minute Service

Employee Name: \_\_\_\_\_ Start Odometer: \_\_\_\_\_ End Odometer: \_\_\_\_\_ Staff Expense: \_\_\_\_\_

**Respite 15 Minute 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. **Respite 15 minutes is provided for periods of 16 hours or less (change effective 9/4/2017)**

Consumer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Frequency/Duration: \_\_\_\_\_

Outcome: \_\_\_\_\_

Date	Hours of Service	What did you do? What/Where – be specific using location names i.e.: Target, Giant, etc.	Who was there? Names – include consumer, staff, family, friends, etc.	What did the person like? What did you learn worked? What needs to stay the same?	What did the person not like? What didn't work? What needs to change?
1/1/99	2pm – 530pm	Consumer errands – CVS, Giant, Wal-Mart	Sally – consumer Ethel – direct care staff	Sally enjoyed that she was able to accomplish getting her prescriptions and groceries today. Ethel assisted Sally with meal planning and following a grocery list. Sally especially enjoyed getting her hair cut @ Wal-Mart and socializing with the hair dresser	Sally becomes tired easily from excessive walking, therefore next outing to run errands, Ethel should suggest a motorized cart for grocery shopping.

Follow Up: \_\_\_\_\_ Emergency Contact Name/Phone: \_\_\_\_\_

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

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

Signature of Consumer/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_