



The Arc of Franklin & Fulton Counties
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AWC Companion Service

Employee Name: _____ Start Odometer: _____ End Odometer: _____ Staff Expense: _____

Companion Service Definition: provided to individuals living in private homes for the limited purposes of providing supervision and assistance that is focused solely on the health and safety of the adult individual with an intellectual disability. This service can also be used to supervise individuals during socialization or non-habilitative activities when necessary to ensure the individual's safety. Companions may supervise and provide assistance with daily living activities, including grooming, healthcare, household care, meal prep/planning, and socialization.

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: _____