1:2 Companion Service Report



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Employee Name:	Date of Service:		
Hours of Service: am/pm to:am/pm	Total Hour	s:	
Consumer's Name:	_ Location:		
Did staff supervise individual during services for personal sa	fety?	Yes	No
Did staff provide choices to the individual?		Yes	No
Did staff and the individual engage in a community outing?		Yes	No
SERVICE SUMMARY:			

	55-		
#2	2320-2320-		
			2000
			daki — s
Describe progress towards goals for today:			
My signature below verifies that I received/provided a service on the dates and times listed section. I understand that payment for these services are from Federal and State funds, and concealment of material facts may be prosecuted under Federal and State Laws.			
Emergency Contact:	Phone N	lumbe	r:
Signature of Employee:	Date:		
Signature of Consumer/Guardian:	Date:		