



OFFICE USE ONLY

Supervisors' approval initials: _____ Date: _____
 Hours Approved: pay _____ bill _____ EVV Verified: _____

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AWC Companion Service Report

Employee Name: _____ **Date of Service:** _____

Hours of Service: ____:____ am/pm to ____:____ am/pm **Total Hours:** _____

Consumer's Name: _____ **Location:** _____

Did staff supervise individual during services for personal safety? **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: _____

Describe progress towards goals for today: _____

My signature below verifies that I received/provided a service on the dates and times listed above or documented corrections below. Further, all of the information in the entirety of this document is true and factual. 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.

Emergency Contact: _____ **Phone Number:** _____

Signature of Employee: _____ **Date:** _____

Signature of Consumer/Guardian: _____ **Date:** _____

Employee notes for EVV clock in or out _____