



OFFICE USE ONLY

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

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[www.thearcoffranklinfultoncounties.com](http://www.thearcoffranklinfultoncounties.com)

## AWC Respite 15 Service Report

**Employee Name:** \_\_\_\_\_ **Date of Service:** \_\_\_\_\_

**Hours of Service:** \_\_\_\_:\_\_\_\_ am/pm to \_\_\_\_:\_\_\_\_ am/pm **Total Hours:** \_\_\_\_\_

**Consumer's Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Did you complete personal care items?** Yes No

**Did you supervise awake time for health and safety?** Yes No

**Did you supervise sleep time for health and safety?** Yes No

**Service Summary:**

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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:** \_\_\_\_\_

EVV notes \_\_\_\_\_