



OFFICE USE ONLY

Supervisors' approval initials: _____
Date: _____ Hours Approved: pay _____ bill _____
Activity Reimbursement: \$ _____ EVV Verified: _____
Community Reimbursement Approved: \$ _____

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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 _____