ACS – Respite Daily Service Log

No White Out, scratch outs, scribbles, or write overs are allowed on any part of the documentation.
If an error is made do **NOT** write over it. Correction procedures are as follows:
1. Cross out the error with a single line
2. Legibly rewrite the correct information.
3. Put your initials next to the correction.
4. Have the parent or guardian sign their **FIRST INITIAL AND FULL LAST NAME** next to the correction.
If the guardian only signs their initials this will be sent back for further correction.

CONSUMER NAME: _____ **CONSUMER NUMBER:** _____

DATE (MM/DD/YY)	T1005 (Circle one)	START TIME (Circle am or pm)	STOP TIME (Circle am or pm)	CIRCLE OVERLAPPING SERVICE, INDICATE OVERLAPPING TIMES, AND REQUEST INITIALS:
	1:1 / 2:1	AM PM	AM PM	Case Manager Behaviorist Therapist Other: _____ TIME IN: _____ TIME OUT: _____ Initials: _____

Identify which overlap occurred. Note how the guardian was relieved and summarize shift.

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Employee Signature (with credentials):

Guardian Signature: _____**Date:** _____
I understand that by signing the above documentation, I am verifying that the hours have been reviewed by myself and they are 100% accurate.

DATE (MM/DD/YY)	T1005 (Circle one)	START TIME (Circle am or pm)	STOP TIME (Circle am or pm)	CIRCLE OVERLAPPING SERVICE, INDICATE OVERLAPPING TIMES, AND REQUEST INITIALS:
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I understand that by signing the above documentation, I am verifying that the hours have been reviewed by myself and they are 100% accurate.

Respite Definition According to Community Mental Health: Respite is intended to provide short term relief to the Medicaid Consumer's primary caregivers. It should be used for a limited period of time. Respite staff may provide hands-on assistance with self-care. Respite should be used for overlapping services. These include Support Coordination, Behaviorist/Family Trainer's, Therapy, Med Reviews, etc. **Consent is necessary prior to participation in an overlapping service (PCP, supervisor, or clinician)**