

RESPITE DOCUMENTATION RECORD - INDIVIDUAL SUMMARY

1. "Site-Based Respite" () "Recreational Respite" () "In-Home Respite" () "Camp Respite" ()
 "Intensive - High Behavioral Needs" () "Intensive - High Medical Needs" () (check one)

2. Agency Name: Jewel Human Services Inc

5. Program Location:

3. Service Recipient:

6. Is Service Recipient Waiver Enrolled? () Yes () No

4. Medicaid ID #:

7 Service Delivery Date	8 Start Time	9 End Time	10 Staff Signature*	11 Staff Title	12 Date of Signature		13 Service Delivery Time	14 Billing Units (1 billing unit is 15 minutes)	15 Overnight Stay?

(Items 7-12 to be completed by Respite Services Staff)

(Items 13-15 to be completed by Billing Dept.)

*VERIFICATION OF RESPITE SERVICE DELIVERY: By signing each day, staff are attesting that Respite services were provided during the timeframe specified. The verification must be made at the time of service delivery.

Revised 7/2017