

Waiver Documentation for Residential Respite Services

Staffing	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Initials																															
Time In																															
Time Out																															
Total Units																															

Date	Location of service is Address of Service unless otherwise noted below	Start time	End time

Ratio of service is 1:1 unless otherwise noted below

Notes/Observations/Unusual occurrences/Progress notations

Date	Note	Initials

Signature _____ Initials _____ Date _____