

Home and Community-based Services/Texas Home Living Services

Respite Service Delivery Log

Individual Name (First, Last)	Place of Service(s)	Local Case No./Case ID
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Date (mm/dd/yy)

One form per day

Mark (initial or check) all areas in which you provided assistance to the person:

Activities of Daily Living	Time In	Time Out	Time In	Time Out	Time In	Time Out
Bathing						
Dressing						
Personal Hygiene						
Eating						
Meal Planning						
Meal Preparation						
Housekeeping						

Habitation

Improve Independent Living Skills			
Community Integration			
Develop Socially Valued Behaviors			
Use of Natural Supports			
Participate in Leisure Activities			
IP Skill Development			

Assisting With

Ambulation and Mobility			
Reinforcing			
Reinforcing Specialized Therapies			
Transportation			
Supervising Safety and Security			
Other			

Comments (Special Events/Occurrences)

Date	Staff Initials	Comments

Employee Signature	Initials	Staff ID	Employee Signature	Initials	Staff ID