

Care For People Plus, Inc. MPI# 001949838

Respite – In Home & Out of Home Daily Documentation Form

Consumer: _____ DOB: _____ Date of Service: _____

24-hour respite must be at least 16.25 total hours

15-minute respite can be no longer than 16 total hours

Service Code	Service Name	Service Unit	Level of Care	Date	Time In AM/PM	Date	Time Out AM/PM	Total Hours
W- 9862	Respite	15 minutes	Staff Support Level 3					
Authorized hours			1 staff/1 individual					
W- 9861	Respite	15 minutes	Staff Support Level 2					
Authorized hours			1 staff/2 individuals					

Service Code	Service Name	Service Unit	Level of Care	Date	Time Begin AM/PM	Date	Time End AM/PM	Total Days
W- 9798	Respite	24 hour	Staff Support Level 3					
Number of Days Annually			1 staff/1 individual					
W- 9797	Respite	24 hour	Staff Support Level 2					
Number of Days Annually			1 staff/2 individuals					
W-	Respite-Base	24 hour	Staff Support Level 2					
Number of Days Annually			1 staff/1 individual					

OUTCOME PHRASE	LOCATION

OUTCOME PHRASE	LOCATION

STAFF/CSS PRINTED NAME _____

STAFF/CSS SIGNATURE _____ DATE _____

7/16/19