

**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	Begin Service Date & Time AM/PM			End Service Date & Time 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	Begin Service Date & Time AM/PM			End Service Date & Time 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- 7290	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