

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	Week Of
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Check One:

RSS SL

At the end of your shift, mark (initial or check) all items that you completed with the individual. If there were any incidents, concerns or special events, please document on bottom of form. For individuals who receive SL service, no night initials or check marks are necessary.

mm/dd/yy	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Activities of Daily Living

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							

Night Shift

Supervising Safety and Security							
Monitoring Health							
Monitoring Personal Hygiene							

Not in Home

Temporary Discharge							
Active on Leave							
Staff Initials							
Staff Initials							

Date	Staff Initials	Comments

Employee Signature	Initials	Staff ID	Employee Signature	Initials	Staff ID