

Unit: <b>5600</b>	<b>General Revenue External Services Progress Note (RESPITE)</b> <b>2010/2011</b>
Individual Case #:  _____	
Individual Served:  _____	Return to: LifePath Systems –Attn: Mary Kendall P.O. Box 828 McKinney, Texas 75070 972-727-9133 Fax#: 972-727-9953 <b>SERVER TYPE <u>  J  </u></b> <b>PROGRESS NOTES ARE DUE BY NOON THE 3rd DAY OF THE MONTH AFTER SERVICES ARE PROVIDED OR YOU WILL NOT GET PAID.</b> <b>YOU MAY FAX YOUR PROGRESS NOTE TO: 972-727-9953</b> <b>Attn: Mary Kendall</b> INSTRUCTIONS: Use black ink only, no white-out.

Please fill in date of service, begin and end times, a.m. or p.m. Times cannot cross midnight. The person providing service must sign this progress note.

Respite= care giver receives a temporary relief from care giving.

Place of service= **H = AT THE INDIVIDUAL'S HOME**    **I= ANYWHERE ELSE, INCLUDING PROVIDER'S HOUSE**

Provider I.D.	Date of Svc.	Sub Unit	Svc. Code Leave blank	Begin Time	End Time	Person	Place	Contact Type	Appt. Type	Units Billed/ Status	Respite Provider Print Name: _____
		<b>5609</b>				<b>C</b>		<b>F</b>	<b>1</b>		Signature: _____
	<b>Where did you provide support?</b>										
	<b>Detailed description of the event:</b>										
	<b>How did the family benefit from this service?</b>										

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By signing this form I attest that this information is accurate: \_\_\_\_\_

(Parent of individual receiving services—required for payment)