

Unit: <b>5600</b>  Client Case #:  _____  Individual Served:  _____	<b>GENERAL REVENUE EXTERNAL SERVICES PROGRESS NOTE (Respite)</b> <b>2008/2009</b>  Return to: LifePath Systems –Attn: Peggy Schmidt P.O. Box 828 McKinney, Texas 75070 972-727-9133 Fax#: 972-727-9953 <b>SERVER TYPE</b> <u>  J  </u> <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 Attn: Peggy Schmidt</b> INSTRUCTIONS: Use black ink only, no white-out.
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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.

Contractor I.D.	Date of Svc.	Sub Unit	Svc. Code	Begin Time	End Time	Person	Place	Contact Type	Appt. Type	Units Billed/Status	Contractor Signature & Title
		<b>5609</b>	<b>2912</b>			<b>C</b>		<b>F</b>	<b>1</b>		Respite Provider
	<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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Contractor Mailing Address: \_\_\_\_\_  
 By signing this form I attest that this information is accurate : \_\_\_\_\_ ( Parent of individual receiving services—required for payment)

<b>STAFF USE ONLY:</b> Program Administrator Signature: _____ Date: _____ Amount: \$ _____	Cost Center: _____
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