

Unit: 5600 Client Case #: _____ Individual Served: _____	GENERAL REVENUE EXTERNAL SERVICES PROGRESS NOTE (Respite) 2008/2009 Return to: LifePath Systems –Attn: Peggy Schmidt P.O. Box 828 McKinney, Texas 75070 972-727-9133 Fax#: 972-727-9953 SERVER TYPE <u> J </u> PROGRESS NOTES ARE DUE BY NOON THE 3rd DAY OF THE MONTH AFTER SERVICES ARE PROVIDED OR YOU WILL NOT GET PAID. YOU MAY FAX YOUR PROGRESS NOTE TO: 972-727-9953 Attn: Peggy Schmidt 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.

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
		5609	2912			C		F	1		Respite Provider
	Where did you provide support?										
	Detailed description of the event:										
	How did the family benefit from this service?										

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
		5609	2912			C		F	1		Respite Provider
	Where did you provide support?										
	Detailed description of the event:										
	How did the family benefit from this service?										

Contractor Mailing Address: _____
 By signing this form I attest that this information is accurate : _____ (Parent of individual receiving services—required for payment)

STAFF USE ONLY: Program Administrator Signature: _____ Date: _____ Amount: \$ _____	Cost Center: _____
---	--------------------