



Self-Hired Respite Progress/Daily Log Note

Youth's Full Name:		DOB:	
Location of Service:		Total Hours of Service	

*Respite care services are designed to offer families the opportunity for a break from caregiving responsibilities. Please note the total time at the bottom of this form.

Date	Start Time AM/PM	End Time AM/PM	Hours	Brief description of what parents did and activities with youth
				Worker's Signature:
Date	Start Time AM/PM	End Time AM/PM	Hours	Brief description of what parents did and activities with youth
				Worker's Signature:
Date	Start Time AM/PM	End Time AM/PM	Hours	Brief description of what parents did and activities with youth
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