


The invoice date should be the first date of service.

Please fill in as much of this information as possible.

The AM and PM information should be clearly identifiable.


NORTH COUNTRY
 COMMUNITY MENTAL HEALTH

Invoice Date 10/01/2024

Respite Note

Client Name	John Doe	DOB	05/09/14	Age	10	Case #	12345
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Service Date	Start Time	AM/PM	End Time	AM/PM	Number of Clients Served
10/01/2024	5:00	PM	8PM	PM	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more

Location Home Other, please specify: _____

Parent/Guardian was: On Vacation Shopping/Errands Personal Appointment Other, please specify: John went for a walk and rested

Activity with Client: Leisure Choice Routine Household Care Monitoring Other, please specify: Watched a movie

Service Date	Start Time	AM/PM	End Time	AM/PM	Number of Clients Served
10/29/2024	10:00	AM	2:30	PM	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more

Location Home Other, please specify: The Park

Parent/Guardian was: On Vacation Shopping/Errands Personal Appointment Other, please specify: Janet took a drive

Activity with Client: Leisure Choice Routine Household Care Monitoring Other, please specify: John played on the playground

Service Date	Start Time	AM/PM	End Time	AM/PM	Number of Clients Served
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more

Location Home Other, please specify: _____

Parent/Guardian was: On Vacation Shopping/Errands Personal Appointment Other, please specify: _____

Activity with Client: Leisure Choice Routine Household Care Monitoring Other, please specify: _____

Service Date	Start Time	AM/PM	End Time	AM/PM	Number of Clients Served
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 or more

Location Home Other, please specify: _____

Parent/Guardian was: On Vacation Shopping/Errands Personal Appointment Other, please specify: _____

Activity with Client: Leisure Choice Routine Household Care Monitoring Other, please specify: _____

Provider Cheryl Hoover Phone (231) 439-1270

Address 1234 My address

City My City State MI Zip 49720

Cheryl Hoover Contract Provider Signature 10/31/2024
Date

Janet Doe Parent/Guardian Printed Name 10/31/31
Date

Janet Doe Parent/Guardian Signature

rev 6.27.24, updated 8.23.24 NCCMH EHR Specialist 1

“Location”: Place an X in the box that best explains where the client was during respite. If “other” is selected, then write a short note about where you went.

“Parent /Guardian was”:
Place an X in the box that best explains where the parent or guardian was during respite. If “other” is selected, then write a short note about what they did or where they went during the time you were providing respite.

“Activity with Client”:
Place an X in the box that best explains what the client did during respite. If “other” is selected, then write a short note about their activity.

Please remember that Noon is 12:00 PM and Midnight is 12:00 AM.

All information must be filled out in this section. The Date lines must be dated after the last date of service. Any changes made should be initialed by the parent/guardian and please do not use white out.



Invoice Date _____

Respite Note

Client Name	DOB	Age	Case #
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Service Date	Start Time	AM/PM	End Time	AM/PM	Number of Clients Served
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Location Home Other, please specify: _____

Parent/Guardian was: On Vacation Shopping/Errands Personal Appointment Other, please specify: _____

Activity with Client: Leisure Choice Routine Household Care Monitoring Other, please specify: _____

Service Date	Start Time	AM/PM	End Time	AM/PM	Number of Clients Served
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Location Home Other, please specify: _____

Parent/Guardian was: On Vacation Shopping/Errands Personal Appointment Other, please specify: _____

Activity with Client: Leisure Choice Routine Household Care Monitoring Other, please specify: _____

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Parent/Guardian was: On Vacation Shopping/Errands Personal Appointment Other, please specify: _____

Activity with Client: Leisure Choice Routine Household Care Monitoring Other, please specify: _____

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Parent/Guardian was: On Vacation Shopping/Errands Personal Appointment Other, please specify: _____

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Location Home Other, please specify: _____

Parent/Guardian was: On Vacation Shopping/Errands Personal Appointment Other, please specify: _____

Activity with Client: Leisure Choice Routine Household Care Monitoring Other, please specify: _____

Provider _____

Phone _____

Address _____

City _____

State _____

Zip _____

Contract Provider Signature

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Date