THE ARC OF KONA

HOME & COMMUNITY BASED SERVICES
P. O. BOX 127 • KEALAKEKUA, HI 96750 • PHONE (808) 323-2626 • FAX (808) 323-9444

DIRECT SERVICE PROVIDER RECORD

Participant Name		Employee Name				
Parent/Guardian/Responsible Person						
Date	Day of Week	Service Hours (e.g. 2pm-7pm) Day Ends at Midnight	(e.g. Community	P Goal Worked On Access, Recreation & Leisure, Daily Living (ADL), etc.)	No. of Hours	Parent/ Guardian/ Responsible Person Initials
Total:						
"I certify that all hours declared have been delivered as specified."						
Direct Service Worker Signature					_	Date
"The Personal Assistant has provided services on the above stated day(s) in a satisfactory manner."						
Parent/Guardian/Responsible Person Signature						Date
Parent/Guardian/Responsible Person Signature						Dale