

PINE TREE HOSPICE *DIRECT CARE* CLIENT SERVICES RECORD

VOLUNTEER: _____ **Month/Year:** _____ days 1-15 days 16-end

CLIENT NAME: _____ Hospice Bereavement

PTH licensure requires documentation of volunteer services to clients. Please enter your time in ¼ hour segments, and please complete a separate form for each client or family on the 1st and 15th of each month. A brief comment about each visit is required. Thank you !!!

<i>Date</i>	<i>Visit Client or Family</i>	<i>Respite Care</i>	<i>Telephone Contact</i>	<i>Provide Meals</i>	<i>Transport Client</i>	<i>Travel Time or Errands</i>	<i>Other:</i>	<i>Other:</i>	<i>Other:</i>	<i>TOTAL this day:</i>
comment:										
comment:										
comment:										
comment:										
comment:										
										<i>Total for this client this 2-week period</i>

Thank you, volunteer, for all that you do!

Volunteer Signature: _____ Date: _____

Director Signature: _____ Date: _____

Check this box if there is more information on the back