

**Family Alzheimer's In-Home Respite (FAIR) Program
Worker Notes (Service Log)**

Provider Agency: _____

Care receiver: _____

Date: _____ **Time in** _____ **Time out** _____

Notes:

Date: _____ **Time in** _____ **Time out** _____

Notes:

Date: _____ **Time in** _____ **Time out** _____

Notes:

Service Recipient (Family Caregiver) Signature

Date

Direct Care Worker Signature

Date

Provider Agency Staff Signature

Date