PINE TREE HOSPICE ***DIRECT CARE*** **CLIENT SERVICES RECORD**

VOLUNTEER: _____ MONTH/YEAR: _____

CLIENT NAME: _____

PTH licensure REQUIRES documentation of volunteer services. PLEASE complete a **separate form for each Client** per month. **A brief comment about each visit is REQUIRED.**

PLEASE enter your time in **¼ hour** segments.

DATE	CLIENT/ FAMILY CONTACT TIME (Hours)	VOLUNTEER TRAVEL TIME (NOT time with Client)
Comment:		
Comment:		
Comment:		
Comment:		
Comment:		
	TOTAL CLIENT CONTACT HRS.	**TOTAL VOL. TRAVEL HOURS**

_____ _____

VOLUNTEER SIGNATURE DATE

_____ _____

VOLUNTEER COORDINATOR SIGNATURE DATE

CHECK this box is there is more information on the back

CHECK this box if you have used more than 1 page for this Client