



Channel Islands Social Services

Enhanced Respite Monthly Summary

**Home Visit (HV)
Report Pay Grid**

1-4 HV/mo = 30 min. paid
5+ HV/mo = 1 hour paid

Month/Year: _____

Individual's Name: _____ Caregiver's Name: _____

Visit	Date	Activity Description (Ex: Park, friend's birthday party, went to the book store etc.)	Behavior supports provided: (Ex: What supports are you providing? Have support(s) worked/not worked? List any new behaviors)
1			
2			
3			
4			
5			
6			
7			
8			

Updates on Family & Child: (Ex: Family moving to a new location, the parents work schedule changes, new baby on the way etc. Are there any new positive behaviors or areas of growth you want to share?)

Other Notes (new triggers, change in reinforcers, etc.):

Employee Signature: _____

Date: _____