



## **SERVICE DELIVERY NOTE TEMPLATE & DOCUMENTATION AGREEMENT**

### **SECTION 1: PURPOSE**

This document provides the required format for all service delivery notes. All staff must follow this structure when documenting services.

Failure to follow this format may result in **non-payment, disciplinary action, or termination.**

### **SECTION 2: REQUIRED ELEMENTS OF A SERVICE NOTE**

Every note **MUST** include:

- Date of service
- Start time & end time
- Total units/hours
- Location of service
- Type of service (PS, SLC, Companion, etc.)
- Specific goal(s) worked on
- Detailed description of what was done
- Client response/progress
- Any incidents or concerns
- Staff signature

# SECTION 3: APPROVED SERVICE NOTE FORMAT

## Service Delivery Note Template

Client Name: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Service Type: \_\_\_\_\_

Location of Service: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Total Hours/Units: \_\_\_\_\_

### Goal(s) Addressed:

(Reference the support plan – be specific)

Example:

- Improve daily living skills
- Maintain personal hygiene
- Increase community engagement

### Interventions / Services Provided:

(What YOU did – must be detailed and active)

Example:

Staff provided hands-on assistance with meal preparation by guiding client through selecting ingredients, preparing food safely, and cleaning up after the activity. Staff also provided verbal prompts to support independence with hygiene routines.

### Client Response / Progress:

(How the client responded – must show progress or behavior)

Example:

Client actively participated in meal preparation with minimal prompting. Client demonstrated improved ability to follow directions and remained engaged throughout the activity.

### Additional Notes / Observations:

(Behavior, health, safety, concerns)

Example:

No incidents observed. The client appeared in good health and a stable mood.

**Staff Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **SECTION 4: DOCUMENTATION RULES (NON-NEGOTIABLE)**

Staff **MUST**:

- Document services **same day (real-time if possible)**
- Use **clear, complete sentences**
- Write notes that match the **authorized service and time**
- Ensure EVV matches documentation

Staff **MUST NOT**:

- Copy and paste notes
- Use vague statements like “had a good day”
- Document services not provided
- Leave out goals or interventions
- Submit late notes without approval

## **SECTION 5: EXAMPLES**

**✗ BAD NOTE (Will NOT be accepted):**

Staff helped client and everything went well.

**✓ GOOD NOTE (ACCEPTABLE):**

Staff provided assistance with grocery shopping by helping client create a list, identify items in the store, and manage spending. Staff provided verbal prompts to encourage independence. Client responded positively and was able to locate items with minimal assistance.

## **SECTION 6: PAY POLICY**

- **No documentation = No pay**
- Incomplete notes may delay payroll
- Non-compliant notes will be rejected

## **SECTION 7: STAFF ACKNOWLEDGMENT**

I acknowledge that I have received, read, and understand the Service Delivery Note requirements for Avail Health & Behavioral Solutions, LLC.

I understand that failure to follow these guidelines may result in disciplinary action, including non-payment or termination.

**Staff Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_