



## COMMUNICATION SHEET

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

\_\_\_\_\_  
 Station Liaison/Case Manager

\_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Fax

Re: \_\_\_\_\_  
Senior Companion

Notification of Schedule Changes for client: \_\_\_\_\_

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Permanent Change       Effective Date(s) \_\_\_\_\_

Temporary Change       Effective Date(s) \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**No Fault Benefit Service Hours: \***

- Client Deceased
- Client Not at Home/Visit attempted
- Client has Medical Appointment
- Client Hospitalized / Nursing Home placement

**SC Scheduled Benefit Service Hours Off:**

- Assigned SC off - Client refused a Substitute SC
- Assigned SC off - Substitute SC not available
- Assigned SC off - Substitute SC Assigned

**\* Paid No Fault not to exceed 4 weeks time period for active Sc. (please refer to SCP Handbook for guidelines)**