



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)**