



LUVING HANDS

Home Health Care Agency

GPS OUT OF RANGE FORM

DATE: _____

Telephone: (484)472-7167
Fax: (484)472-7056

NAME: _____

DATE OF SERVICE

CLIENT NAME: _____

DAY

TIME IN

TIME OUT

GPS OUT OF RANGE EXPLANATION: _____

CLIENT SIGNATURE: _____

(By signing above, you hereby agree and acknowledge receipt of rendered services)

HHA SIGNATURE: _____

(By signing above, I attest that my statement is true, and my hours of work are properly documented)

"The Agency you will grow to LUV. We provide the service you deserve!"