

RESPIRE PAYMENT FORM

(For respites up to 72 hours)

Instructions: The ongoing resource parents are responsible for completing this form and giving the completed form to the respite provider to sign at the time of the respite. The respite provider shall submit the form to the caseworker immediately after the respite. Please remember that any delay in submitting the respite payment form may result in the respite provider not being paid in a timely manner.

Please use first and last names and use separate forms for children who are not siblings.

Child(ren) Receiving Respite: (1) _____
(2) _____
(3) _____

Parent or Resource Parents: _____

Respite Care Provider: _____

Respite Address: _____

Date & Time Respite Began: _____

Date & Time Respite Ended: _____

Parent or Resource Parent Signature

Respite Care Provider Signature

Caseworker Signature

Payment Amount

Supervisor's Approval

Date to Fiscal Department