

RESPITE OR CHILDCARE/AGENCY REQUEST

ONCE REQUEST IS APPROVED YOU WILL RECEIVE A RESPITE OR CHILDCARE/AGENCY VOUCHER(S) MY MAIL. A voucher must be requested 10 days PRIOR TO receiving respite services.

SERVICES REQUESTED BY: _____

INDIVIDUAL ENROLLED: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER _____

EMAIL: _____

CHILDCARE / AGENCY ONLY

Childcare / Agency Name: _____

Total number of vouchers _____ Weekly or Monthly cost
_____ per voucher _____

Date range needed: _____

Payment to: _____

If we are paying you a completed W9 form must be on file

RESPITE ONLY (A completed provider application must be on file)

Respite Provider Name: _____

Total number of vouchers _____ Weekly or Monthly cost
_____ per voucher _____

Date range needed: _____

NOTE: 10-24 HOURS EQUALS ONE DAY. WE PAY A MAXIMUM OF 10 HOURS A DAY.

Family Chosen Provider Rate - \$11.00 an hour
Certified Independent Provider Rate - \$22.00 an hour
Certified Agency Provider Rate - \$25.00 an hour