## Family Reimbursed Respite
### January 2019

**Participant Name:**
**(Please Print)\**
**Sally Jones**   **Sample**

**Check Payable To:**
**(Please Print - **Family ONLY**)**
**Mary Jones**   **Sample**

<table>
<thead>
<tr>
<th>Date of Expense</th>
<th>Time IN (AM/PM)</th>
<th>Time OUT (AM/PM)</th>
<th>Total Hours</th>
<th>Hourly Rate</th>
<th>Amount Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2/2019</td>
<td>2:00 PM</td>
<td>4:00 PM</td>
<td>2</td>
<td>$10.00</td>
<td>$20.00</td>
</tr>
<tr>
<td>1/6/2019</td>
<td>2:00 PM</td>
<td>4:00 PM</td>
<td>8</td>
<td><strong>Weekend Rate</strong></td>
<td>$100.00</td>
</tr>
<tr>
<td>7-Jan, 8-Jan</td>
<td>2:00 PM</td>
<td>5:00 PM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SAMPLE**

**IMPORTANT NOTES**
Date, Time, and Amount are required on all Requests including those where a Flat Rate is paid for multiple days. (See Weekend Example)

**SAMPLE**

**Total to be reimbursed**
$120.00

I certify that the above hours of Respite Services were provided for the Participant noted above.

**Mary Jones**   **Signature**

Signature of Designee (required)

1/28/2019

Date (mo/day/yr)

revised 4/18 ISS (JJ)