

# ISS INDEPENDENT SUPPORT SERVICES INC.

Make your Own Path

Monticello Office · PO Box 1320 · Monticello, NY 12701

## Family Reimbursed Respite

For The Month of :

**January 2019**

Participant Name:

**\*\*Sally Jones\*\*      \*\*Sample\*\***

(Please Print)

Check Payable To:

**\*\*Mary Jones\*\*      \*\*Sample\*\***

(Please Print - \*\*Family ONLY\*\*)

Date of Expense	Time IN (AM/PM)	Time OUT (AM/PM)	Total Hours	Hourly Rate	Amount Paid
1/2/2019	2:00 PM	4:00 PM	2	\$ 10.00	\$ 20.00
1/6/2019	2:00 PM	4:00 PM	} 8	<b>Weekend Rate</b>	\$ 100.00
7-Jan, 8-Jan	2:00 PM	5:00 PM			

**\*\*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)