

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 2018

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
1/2/2018	2:00 PM	4:00 PM	2	\$ 10.00	\$ 20.00
1/6/2018	2:00 PM	4:00 PM	} 8	Weekend Rate	\$ 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)

1/28/2018

Date (mo/day/yr)