

## Respite Documentation Form

This form is to be used by the family to document respite provided in accordance with a signed respite agreement and authorization on the Individualized Family Support Plan. Please complete a line on the form for each time respite is provided. This form must be provided to your Service Coordinator or mailed to (LES name and address) within 30 days after the Respite End Date below. If respite payment was provided in advance, all unused funds must be returned to the Local Early Steps within 30 days after the end of the respite authorization period if my family does not receive respite services for the number of hours during the time frame authorized on my Individualized Family Support Plan.

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| **TO BE COMPLETED BY THE SERVICE COORDINATOR** |
| Child’s Name | Respite Begin Date | Respite End Date | Number of Hours Authorized | Authorized Fee Per Hour | Total $ Authorized |
|       |       |       |       |       |       |
| **TO BE COMPLETED BY THE FAMILY & RESPITE PROVIDER** |
| Date Respite Provided |  Total Number of Hours and Minutes | Total Cost | Signature of Respite Provider\* | Signature of Family |
|       |       |       |       |       |
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\*Signature indicates that the respite provider certifies that he/she is not a member of the child’s family and that he/she has received payment from the family for respite delivered in accordance with hours and rate documented above. Definitions of family members includes: Mother/Father/Siblings/Aunts/Uncles/Grandparents and corresponding Steps/In-laws.