

**CHILD OR RESPITE CARE REIMBURSEMENT EXPENSE FORM FOR PROVIDER**

**THIS FORM MUST BE SIGNED BY THE RESPITE CARE/CHILD CARE PROVIDER AND THE PARENT/GUARDIAN. PLEASE INCLUDE ALL RECIEPTS AND THE PARTICIPANT REIMBURSEMENT EXPENSE FORM.**

**MAIL TO:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

DATE	TIME IN	TIME OUT	TOTAL NO. OF HOURS		RATE PAID PER HOUR	AMOUNT
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
				X		
<b>TOTAL AMOUNT TO BE REIMBURSED</b>						

**RESPITE CHILD CARE  
PROVIDER SIGNATURE:** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PARENT/GUARDIAN (PARTNERS  
PARTICIPANT) SIGNATURE:** \_\_\_\_\_

**DATE** \_\_\_\_\_

**THIS FORM MUST BE INCLUDED WITH THE  
PARTICIPANT REIMBURSEMENT EXPENSE FORM.**