

**Family and Child Service of Schenectady, Inc.
1007 Maryland Avenue- Schenectady, NY 12308 - (518) 372-2814**

FSS Respite Reimbursement Form

Respite reimbursement is paid directly to the family for the worker. It is the family's responsibility to set the hourly rate (not to exceed \$15.00 per hour) and pay the worker. Reimbursement vouchers must be submitted at least monthly (if applicable), no later than seven (7) days after the last day service was provided in the month.

Family Information

Name: _____
(Parent / Guardian)

Name: _____
(Consumer)

This is the person the check will be made out to.

Address: _____

Phone: _____

Respite Worker Information:

Name: _____

Phone: _____

Address: _____

Respite Provided:

Date	Time In	Time Out	# Hours	Hrly Rate	Total Cost
Total					

I certify that I provided the above detailed service. I understand that the family will pay me directly and that I am responsible for claiming this money as income to the appropriate agencies.

Worker Signature

Date

I certify that the worker above provided respite service to my child as noted.

Parent / Guardian Signature

Date

Office Use Only

Approved for payment _____ Date: _____