

## Statement of Respite Provided

This form is to be signed by the Parent/Guardian, the Respite Provider, and submitted at the end of each month to: [respite@communitylivingelgin.com](mailto:respite@communitylivingelgin.com) or to: Respite Administrator, Community Living Elgin, 7 Morrison Dr. St. St Thomas, ON N5R 4S5  
 Additional copies are available on the Elgin section of [respiteservices.com](http://respiteservices.com)

Name of person cared for: \_\_\_\_\_ for month \_\_\_\_\_ year \_\_\_\_\_

Funds payable to the Parent/Guardian: _____	
Address: _____	
City: _____	Postal Code: _____ Phone: _____
Signature: Parent/Guardian _____ Date _____	
I, the Parent/Guardian, have received the stated respite service, have not previously submitted this claim, and have paid or will pay the Respite Provider as indicated below. All statements are subject to audit.	

Respite Provider: _____	
Address: _____	
City: _____	Postal Code: _____ Phone: _____
Signature: Respite Provider _____ Date _____	
I, the Respite Provider, have provided the respite service as stated below.	

**List the hours for each day respite was provided:**

Date	Hours	Date	Hours	Date	Hours	Date	Hours	Date	Hours
1		8		15		22		29	
2		9		16		23		30	
3		10		17		24		31	
4		11		18		25			
5		12		19		26		<b>Total hours</b>	
6		13		20		27		<b>Fee \$</b>	<b>/hr</b>
7		14		21		28		<b>Total \$</b>	

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For office use only: \_\_\_\_\_ Code 12.50. 505 .7175

Respite Authorization \_\_\_\_\_ Date \_\_\_\_\_

Finance Authorization \_\_\_\_\_ Date \_\_\_\_\_