

# Independent Support Services, Inc.

*Make Your Own Path*

PO Box 1320  
Monticello, New York 12701  
(845) 794-5218

## Family Reimbursed Respite

For The Month of :

**January 2017**

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
1/2/2017	2:00 PM	4:00 PM	2	\$ 10.00	\$ 20.00
1/6/2017	2:00 PM	4:00 PM	} 8	<b>Weekend Rate</b>	\$ 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 Participant/Designee (required)

**1/28/2017**

Date (mo/day/yr)