FSS POC RESPITE CARE REIMBURSEMENT TIME SHEET FY'16
The Arc Northern Chesapeake Region
ATTN: Family Support Services
4513 Philadelphia Road
Aberdeen, MD 21001

The respite provider is not an employee of The Arc Northern Chesapeake Region.
NOTE: Per funding reimbursement regulations, this form cannot be processed with whiteout. If necessary, use one line to cross out information and initial.

Person receiving respite: _____ **Age:** _____
(Please PRINT)

Date(s) Respite Was Provided	Time(s) of Service (To-From)	Total Hours	Amount Reimbursed

I certify that the above dates and times are accurate AND services are rendered. *No funding will be issued without verification that the respite provider has been trained on your individual needs, has current CPR certification, Current first aid training, and has had a background check.*

Provider Name: _____ **Parent Name:** _____
(Please PRINT) DATE: ***(Please PRINT) DATE:***

SSN/Tax ID_____ ***SSN:*** _____

Address: _____ **Address:** _____

City, State, Zip: _____ **City, State, Zip:** _____

Phone #: _____ **Phone #:** _____

Signature: _____ **Signature:** _____

In order to receive reimbursement, all above information must be COMPLETE and include SIGNATURES, hours must have been RESERVED in advance. It takes approximately 2 weeks to receive reimbursement. This time sheet can be faxed to 410-893-3909. The form must be received no later than the 5th of the following month to be processed or funds are forfeited.