



The personal information collected on this form will be used for the purposes of determining eligibility for and providing At Home Program respite benefits and Direct Funded Respite Benefits and will be treated confidentially in compliance with the Freedom of Information and Protection of Privacy Act.

This is a Record of Respite Expenses for:

CONTRACT NUMBER: _____

At Home Program Respite Benefits Direct Funded Respite Benefits

CHILD

Table with 4 columns: LAST NAME, FIRST NAME, MIDDLE NAME, DATE OF BIRTH (YYYY/MM/DD)

PARENT OR GUARDIAN

Table with 3 columns: LAST NAME, FIRST NAME, AREA CODE & PHONE NUMBER; ADDRESS, POSTAL CODE

Table with 7 columns: DATE YYYY/MM/DD, SERVICE TYPE IN HOME, OUT HOME, HOUR/DAY, RATE, AMOUNT PAID, CAREGIVER INFORMATION (NAME, AREA CODE & PHONE NUMBER, SIGNATURE OF CAREGIVER)

Table with 7 columns: DATE YYYY/MM/DD, SERVICE TYPE IN HOME, OUT HOME, HOUR/DAY, RATE, AMOUNT PAID, CAREGIVER INFORMATION (NAME, AREA CODE & PHONE NUMBER, SIGNATURE OF CAREGIVER)

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TOTAL AMOUNT PAID ► \$ []

I CERTIFY THAT THESE EXPENSES WERE INCURRED ON BEHALF OF THE CHILD NAMED ABOVE AND THAT I WILL NOT BE REIMBURSED FOR THEM BY ANY OTHER PARTY. SIGNATURE OF PARENT/GUARDIAN