

## Family Respite Program Respite Service Report (RSR)

**Mail, fax or email this completed form to:** NAMI Maine, 1 Bangor St., Augusta, ME 04330

**Fax:** (207) 621-8430 or email: [nickie@namimaine.org](mailto:nickie@namimaine.org)

- This form must be completed and signed by the respite provider and parent/guardian at the end of each respite session.
- All items with an asterisk (\*) must be filled in to process payment.
- Forms must be received by noon on the Friday the payroll period ends (see Payroll Schedule)

**PLEASE PRINT**

1. (\*) Provider Name/Level: \_\_\_\_\_
2. (\*) Parent/Guardian Name: \_\_\_\_\_
3. (\*) Family Region (check one)    1    2    3
4. (\*) Beginning Date of Service \_\_\_\_\_ Start Time \_\_\_\_\_  AM  PM
5. (\*) Ending Date of Service \_\_\_\_\_ End Time \_\_\_\_\_  AM  PM
6. (\*) Location (check one):    Family Home    Provider Home    Other: \_\_\_\_\_
7. (\*) Mileage (one round trip only, mileage can only be claimed when the child is NOT in the car, you must have provided more than 4 hours of service and must be over the age of 21):

Your home to child's location \_\_\_\_\_ miles + family location to your home \_\_\_\_\_ miles = **round trip miles** \_\_\_\_\_

8. (\*) Type (check one):    Respite services    Meet & Greet (3 hour maximum)
9. (\*) Name and level of each child receiving respite:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**SERVICE HOURS:**

**Total hours (less than 10) :** \_\_\_\_\_

**Total per diem (more than 10 hours):**

**Level 1 (\$120)**    **Level 2 (\$140)**

I received the respite services described on this form and they are consistent with our action plan. I am aware that using respite hours that I have not accumulated may result in suspension of services. Please do not sign this form until after you have verified the information entered (date, hours, and time).

\_\_\_\_\_  
(\*) Parent/Guardian Signature

\_\_\_\_\_  
(\*) Date

I certify that the services and date described above were delivered to the Parent / Guardian who signed this form and I have confirmed they have the hours available to use.

\_\_\_\_\_  
(\*) Respite Provider Signature

\_\_\_\_\_  
(\*) Date