



Respite Care Voucher

Lucas County Family Support Services Program
 Funded by Lucas County Board of Developmental Disabilities

Family Selected provider is limited to 10 hours per month (Sunday - Saturday), up to \$10 per hour.

The parent/guardian AND the respite care provider must sign the form at the time respite is provided. All family-chosen providers must complete a W-9 income tax form and a responsibility waiver. All of the requested information must be completed for reimbursement; if the form is not filled out completely, the form cannot be processed and will be returned to you. **Family Support reserves the right to verify signatures, respite service dates, and times.** A submission of a form for respite services that were not provided could result in the termination of all Family Support Services.

Consumer Name _____

List each Individual Date and time _____

Hourly/Daily Rate \$ _____ X Total Number of Hours _____ = Total \$ _____

Signature of Parent/Guardian _____ Phone _____ Date _____

Signature of Respite Provider _____ Phone _____ Date _____

Please complete the waiver on the reverse side if this is a NEW provider.

Issue Reimbursement Check to:

Allow 45 days from date of submission for payment

Name _____
 Address _____
 City _____ State ____ Zip _____
 Phone _____
 Email _____

OFFICE USE ONLY	
Co-pay	_____
Contract #	_____
Respite \$ Amount	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Date	_____

Total cost of respite is reimbursed within the current funding limit and in accordance with the family's taxable income level. The funds are not guaranteed and requests need to be **submitted within 30 days of service**, all vouchers **must** be postmarked by December 8.

Fax: 419-381-7313
Email: VLambert@lucasdd.org
Mail to: Family Support Services
 c/o Lucas County Board of Developmental Disabilities
 1932 Birchwood
 Toledo OH 43614

