



Record of Respite Services

North Carolina Lifespan Respite Program



Complete colored sections as follows:

Caregiver (green): Person receiving the respite voucher award letter and hiring the respite provider

Respite Provider (yellow): person or agency being hired by caregiver to work

Care Recipient (pink): person for whom the care is being provided

 Printed Name of Caregiver/Legally Responsible Person

 Complete Mailing Address of Caregiver/Legally Responsible Person

 Phone Number of Caregiver/Legally Responsible Person

 Printed Name of Respite Provider (hired individual or agency)

 Complete Mailing Address of Respite Provider

 Phone Number of Respite Provider

 Printed Name of Care Recipient

Date of Service	Respite Provider's Signature	County in Which Respite Care Occurred	Time Care Began	Time Care Ended	Number of Hours of Respite Care Provided this Date	Total Amount Paid for Respite Care this Date
				TOTALS FOR THIS RECORD		

Signature of Caregiver/Legally Responsible Person: _____

Date: _____

Approved for Reimbursement
 NC Lifespan Respite Voucher Fiduciary Agent _____

Date: _____

Instructions: Submit this completed, signed form along with the completed and signed Respite Care Provider Agreement by mail or fax:
Pat Guarnieri, High Country Area Agency on Aging, 468 New Market Blvd., Boone, NC 28607, (f) 828-265-5439

Lifespan Respite Vouchers are brought to you by the NC Lifespan Respite Project and administered by High Country Area Agency on Aging