



Record of Respite Services

North Carolina Lifespan Respite Program



2021-2022

Complete the 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

Printed Name of Respite Provider (hired individual or agency)

Complete Mailing Address of Caregiver/Legally Responsible Person

Complete Mailing Address of Respite Provider

Printed Name of Care Recipient

Phone Number of Caregiver/Legally Responsible Person

Phone Number of Respite Provider

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:
Caregiver Program Coordinator, High Country Area Agency on Aging, 468 New Market Blvd., Boone, NC 28607, (f) 828-355-4152
Lifespan Respite Vouchers are brought to you by the NC Lifespan Respite Project and administered by High Country Area Agency on Aging