# North Carolina Lifespan Respite Program
## Record of Respite Services

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

Phone Number of Caregiver/Legally Responsible Person

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 |
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| | | | | TOTALS FOR THIS RECORD | | |

Signature of Caregiver/Legally Responsible Person

Date Signed

Approved for Reimbursement – NC Lifespan Respite Voucher Fiduciary Agent

Date Signed

**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*