



RESPITE RECEIPT			
Name of Individual in Services:			
Date respite provided:	Hourly Rate: Total Amount Paid:	Start Time: End Time:	Location of Service:
Provider Name (Please print):			
Provider Phone Number:			
Respite activity:			
Incidents (include any behaviors/issues/concerns that happened during respite):			
Provider Signature:			Date:
Parent/Guardian Signature:			Date:



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