

Respite Rx
Respite Spending Plan
 Check if Adjusted

Participant Number:	Caregiver/Employer:	Surrogate Employer (if app):
Service Plan Date:	ADSD Approved Budget: \$308.00	Caregiver/Employer Phone Number:
Program Coordinator (PC): Cheryl Dinnell	PC Phone Number: 775-401-4163	PC Email: Cdinnell.contractor@adsd.nv.gov

Respite Goals and Objectives

Goals	Objectives

Respite Rx
Respite Spending Plan
 Check if Adjusted

Planned Individual Provider Services & Planned Savings

Service	Employee (Respite worker)	Start Date	Frequency	Rate of Pay	Rate w/ taxes Incl.	Units (Per Month)	Total
Respite	Name:		Monthly				\$
Planned savings	N/A		Monthly		N/A	N/A	\$
							\$
Total IP Services							\$

Planned Non-Employee Goods/Services

Service	Vendor	Start Date	Unit Cost	Units (Per Month)	Total
			\$		\$
			\$		\$
Total Non-Employee Goods/Services					\$

One-Time

Items	Vendor	Charge Date	Cost Per Month
Background Check :	PALCO		\$
			\$
			\$
Total One-Time			\$

Caregiver/ Employer (or Surrogate) _____ Date: _____

ADSD Program Coordinator: _____ Date: _____

ADSD Authorization: _____ Approved Date: _____

Total IP Services	\$
Total N-EG/Services	\$
Total One-Time	\$
1st Monthly Total	\$
After 1st Monthly Total	\$