



Family Directed Respite Program
 Tennessee Respite Coalition
 19 Music Square West, Suite J
 Nashville, TN 37203
 (615) 269-8687 – Central Office
 (888) 579-3754 – Central Office Toll Free

Voucher

Reimbursement Request

This voucher with record of service must be completed and mailed to the above address. On the back, show the total hours worked and total amount paid. Both the Family Caregiver and the Respite Provider (helper) must sign the form. When the correctly completed voucher is received by the TRC office by the end of a month, a reimbursement check for the amount shown will be mailed to the Family Caregiver by the end of the following month.

Date voucher completed _____

Name of the Family Member who is the main Caregiver _____

Street Address of Family Caregiver _____

City, State and Zip Code _____

Phone #s of Family Caregiver () _____ () _____



Name of Respite Provider _____ Hourly Pay Rate \$ _____

**Record of Respite Service
 (To be filled out by the Respite Provider AND the Caregiver)**

Date _____ **Number of Hours Worked** _____ **Amount Paid \$** _____

Respite Provider's Notes: _____

Caregiver's Notes: _____

Date _____ **Number of Hours Worked** _____ **Amount Paid \$** _____

Respite Provider's Notes: _____

Caregiver's Notes: _____

respite ("ress-pit") = time for rest or relief

