

Please e-mail to
Sbuntin@arc-middlesex.org

FAMILY SUPPORT SERVICES RESPITE - VOUCHER

Person to receive payment:

Name: _____ **Vendor #:** _____

Daytime Phone# _____

Service Rendered For: _____

Cost Per Hour (a) : _____ **Total Hours (b) :** _____ **Extended Total (a X b):** _____
(from below)

Date of Service <small>MM / DD / YY</small>	Time of Service <small>Start - End</small>	Total Daily Hours	Service Provider Name: <small>(Please print name)</small>
/ /	-		
Activities/Behavior			
/ /	-		
Activities/Behavior			
/ /	-		
Activities/Behavior			
/ /	-		
Activities/Behavior			
/ /	-		
Activities/Behavior			
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Activities/Behavior			
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Activities/Behavior			
/ /	-		
Activities/Behavior			
/ /	-		
Activities/Behavior			
Total Hours:			

I certify that the respite services detailed above, were performed by the provider indicated and that I will accept payment for the services under the ARC-Middlesex Family Support Respite Program.

Date

Parent/Guardian Signature

Date

ARC Director's Signature

Send To: The ARC - Middlesex County
219 Black Horse Ln, Suite 1, No. Brunswick, NJ 08902
5.6a Phone: 732-821-1199 Fax: 732-247-5590

ARC OFFICE USE	
Vendor #	_____
Invoice #	_____
Inv/Ck Amt	_____
Check #	_____