Moore Center Services, Inc.
Commitment, compassion, community for a lifetime

132 Titus Avenue
Manchester, NH 03103 RESPITE PROGRAM: (603) 206-2701 FAX: (603) 206-2709

FAMILY SUPPORT RESPITE PROGRAM

REGULAR RESPITE VOUCHER

Please fill out completely

REIMBURSEMENTS:

- ✓ **REIMBURSEMENT CAN ONLY BE MADE AFTER RESPITE SERVICES ARE PROVIDED**
- ✓ **VOUCHERS MUST BE COMPLETE OR THEY CANNOT BE PROCESSED**
- ✓ **DIRECT CASH ASSITANCE MAY HAVE TAX IMPLICATION**
- ✓ **PARENTS/GUARDIANS/CAREGIVERS CANNOT BE PAID TO TAKE CARE OF THEIR FAMILY MEMBER**

CLIENTS NAME: _____ CLIENT'S D.O.B: _____
First Last

PROVIDERS NAME: _____
First Last

S.S. #: OF PAYEE _____/_____/_____ (required field)

FAMILY NAME: _____

FAMILY'S ADDRESS: _____
Street ` City State Zip

MONTH RESPITE USED: _____ YEAR: _____

DATE																	**TOTAL**
NUMBER OF HRS																	

TOTAL HOURS: _____ X **RATE PER HOUR**: $ _____ = **TOTAL**: $_____

SIGNATURE OF PARENT/GUARDIAN: _____

NOTE: Direct cash assistance may have tax implications. If you pay ONE individual provider $1,000.00 per YEAR, you are obligated to report the individual(s) on your Federal tax.

BILLING DEADLINES: In most instances, if a voucher is received by Wednesday at 12:00p.m., checks will be processed and ready for that Friday but payment may be held for 14 days after the voucher is received.

FOR OFFICE USE ONLY

Program Line and Cost Center: 6223-F05

SIGNATURE OF AUTHORIZED PERSONNEL: _____