



Completed vouchers can be returned via:
 Mail: 12265 James Street, Holland, MI 49424
 Fax: 616-393-5657
 Email: cmhrespite@miottawa.org

Respite Payment Request

Instructions: For each day respite is provided, list service date, rate, hours, and location on a separate line. Use a separate voucher for each provider. Please print and use blue or black ink.

Hourly pay must equal at least Michigan minimum wage. Maximum pay \$20/hour or \$225/day.

Consumer Name	
Parent/Guardian	
Address	
City/Zip	
Telephone Number:	

Provider Name	
Address	
City/Zip	
Telephone Number:	

DATE OF SERVICE	HOURLY or DAILY	RATE	HOURS PER DAY	WHERE WAS RESPITE PROVIDED CH – Consumers Home PH – Providers Home COM - Community	AMOUNT DUE
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	<input type="checkbox"/> Hourly <input type="checkbox"/> Daily			<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
TOTAL DUE →					\$

By signing this document, I acknowledge that the respite services listed above are accurate and true. I also acknowledge that I am using respite dollars in accordance with the consumer's treatment plan and the Medicaid Manual.

Provider/Employee	Date
Parent/Guardian	Date

NOTE: If the consumer/parent/guardian OR respite provider has a change of address, please notify Stuart Wilson's Office at 989-832-5400 and the CMH Respite Coordinator at 616-494-5446 or cmhrespite@miottawa.org