



ADOPTION RESPITE BILLING FORM

DATE _____

WESTERN SERVICE AREA
JULY 1, 2019-JUNE 30, 2020

Adoptive Parent(s) Names: _____

Address: _____ City: _____

_____ State: _____ Zip Code: _____ County: _____

Phone Number: (Cell) _____ (Home) _____

Name of Person Providing Respite: _____

Address: _____ City: _____

_____ State: _____ Zip Code: _____ County: _____

Phone Number: (Cell) _____ (Home) _____

Is Provider an Adult (age 18 or older)? _____

Respite Care is being provided for the following children:

<u>Name</u>	<u>Date of Birth</u>	<u>Male/Female</u>

Date Requesting Respite: Beginning Date: _____ Ending Date: _____

Number of Respite Days Completed: _____

By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.

Signature of Adoptive Parent: _____ Date: _____

Signature of Respite Provider: _____ Date: _____

Adoption respite is a program available to adoption families with for their subsidized adopted children. Each adopted child who receives a subsidy is eligible to receive five (5) days of respite per fiscal year at \$20.00 per day. After respite services have been provided and you live in one of the following counties **Lyon, Osceola, Dickinson, Emmet, Kossuth, Sioux, O'Brien, Clay, Palo Alto, Plymouth, Cherokee, Buena Vista, Woodbury, Ida, Sac, Monona, Crawford, Carroll, Greene, Harrison, Shelby, Audubon, Guthrie, Pottawattamie, Cass, Mills, Montgomery, Fremont, Page, and Taylor** please complete the form and submit to LSI at 205 South 7th Street, Denison, Iowa 51442. July 1, 2019 – no later than July 6, 2020. A W9 must be completed by the person providing respite for payment to be issued.