



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, start/stop time, hours, and location. Use a separate voucher for each provider. Print clearly using blue or black ink. Please note that forms filled out incorrectly may result in delay of payment to provider.

Hourly pay must equal at least Michigan minimum wage. Maximum pay \$21/hour or \$235/day.

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

Provider Name	
Address	
City/Zip	
Telephone Number:	

DATE OF SERVICE	HOURLY or DAILY	Time In	Time Out	Total Hours	Location CH – Consumers Home PH – Providers Home COM - Community	AMOUNT DUE
	Rate _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Daily				<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	Rate _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Daily				<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	Rate _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Daily				<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	Rate _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Daily				<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	Rate _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Daily				<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	Rate _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Daily				<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	Rate _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Daily				<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	Rate _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Daily				<input type="checkbox"/> CH <input type="checkbox"/> PH <input type="checkbox"/> COM	
	Rate _____ <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