LAKES REGION COMMUNITY SERVICES

Parent Respite Reimbursement Voucher Form

Submit respite form to the Medicaid Administrator with specific dates respite was provided,
Including number of hours and the amount paid out.

~ Respite received after the 3rd of the following month may not be reimbursed ~

PARENT NAME: _____
(Print Name for reimbursement) FIRST LAST

Participant **Name (Child/Adult):** _____
(Only 1 individual per form) FIRST LAST

ADDRESS: _____
AND STREET

_____
TOWN/CITY STATE ZIP

PHONE: (___) _____ **EMAIL:** _____

MONTH/YEAR: _____
(Received Respite)

DAYS OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HRS. OF RESPITE RECEIVED																															
AMOUNT PAID																															
OFFICE USE ONLY																															

Note: Lakes Region Community Services does not offer tax advice or guidance;
each individual should consult their own tax professional for advice regarding their situation.

☐ Check here if new address

PARENT/GUARDIAN SIGNATURE: _____ DATE_____
**** By signing this form you are stating that you have already paid for services rendered. ****

Total Hours: _____

Total $ _____

RC initials: _____

RETURN TO:
Lakes Region Community Services
PO Box 509, Laconia, NH 03247
Attn: Respite
Fax: (603)524-0702
Scan to: lyn.kummerer-cyr@lrcs.org

** ***Respite reimbursement vouchers must be submitted by 5 PM on the 3rd of the following month after respite was provided.*** **
Vouchers are only good for one month at a time and can not be combined with additional months. LRCS reviews the usage each quarter and reserves the right to change your allocation during the year depending on usage, funding, and family circumstances.

Rev June 6, 2015