

Instructions for Completing

Urgent Respite Care

Voucher

* Please Review all of the highlighted information on the top half of the voucher to ensure it is correct.
* Complete all of the information under “to be completed by provider” each day
* At the close of respite care:
	+ Please verify that all of the information is correct and sign and date the form
	+ Have the family member verify your time and sign and date the form.
* Please send the signed form to Britt Feldman@navy.mil within 24 hours of completing the service.

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| **Navy Region Northwest** |  | **VOUCHER** |
|  **Urgent EFM Respite care has been authorized for your family for the indicated number of hours. You must use approved provider (Name of the Provider** Click or tap here to enter text.**) and complete the bottom half of the voucher with signatures and return to** **Britt.Feldman@navy.mil** **within 24 hours of closing services.** |  | Date:      Voucher #:       |
|  | Family: | Name:      Address:       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child InformationName | Indicate: EFM Cat / Sibling |  | Number Hour Authorized | Date Start | Date Closed |
|        |       |  |       |       |       |
|       |       | Notes:       |
|       |       |
|       |       |

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| --- | --- | --- | --- |
| **To be Completed by the Provider** | # Hours Authorized |       |
| Date  | Total Number Children Present | Time In | Time Out |  | Total Time |
|       |       |       |       |  |       |
|       |       |       |       |  |       |
|       |       |       |       |  |       |
|       |       |       |       |  |       |
| *Note: Signed voucher must be returned no later than 1 business day from Date Closed.* | Total Hours Used |       |

Provider Signature      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Signature       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liaison Representative Signature      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_     \_\_\_\_\_\_\_\_\_­­­­\_\_