

RESPITE AGREEMENT AND INSTRUCTIONS: PLEASE READ BEFORE COMPLETING THIS FORM

- 1.) Forms must be completed in detail with each day listed on a separate line with the time in and time out. All signatures and requested information must be filled in on the voucher. (If hours span over into next day, please separate the hours starting with 12:00am on the next date line for the next day)
- 2.) For families enrolled (Medicaid) and receiving Fiscal Intermediary (FI) services; this form is completed, mailed to our office, and the care provider/family friend is paid directly. Vouchers must be submitted no later than the 5th day of the month following service provided.
- 3.) Forms that are not completed correctly will be returned to you and payment will not be made until the form is returned to our office with the requested changes.
- 4.) When using respite care you are agreeing to provide the family friend/care provider with the provisions necessary to provide care including; emergency information, medical treatments, and general or special care guidelines.
- 5.) **PLEASE NOTE: All vouchers for September must be submitted no later than the First Monday in October to receive payment.**
- 6.) **RESPITE AGREEMENT: As a parent/guardian enrolled in the Family Friend or Fiscal Intermediary Respite Program you agree to the following:**
 - Hire providers who are able to follow the child's/adult's plan of care and the training given by the parent/guardian or responsible relative of the child/adult receiving respite care;
 - Are able to prevent transmission of any communicable disease from self to others;
 - Are able to communicate effectively;
 - Hire providers who are 18 years of age or older.
 - Not reimburse immediate family including; father, mother, sibling, aunt, uncle, or grandparent living in the same household, under no circumstances can biological or adoptive parents be eligible for respite care enrollment or reimbursement;
 - Recommended annual TB testing for the provider;

 - *Submit vouchers signed by the parent/responsible party and signed by the care provider for each day; verifying the date, hours and payment amount for the services provided. Please make sure that the Parent/Guardian signs on the signature line provided and the Respite Provider signs in the signature box provided along with address and telephone number.*

Send Voucher to: CEI/CMH, ATTN: Respite Unit, 812 E. Jolly Rd., Suite 216, Lansing MI 48910
Or email Voucher to: CSDD-Office-Support@ceicmh.org