

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](mailto:Britt%20Feldman@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**](mailto: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 |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| *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:\_     \_\_\_\_\_\_\_\_\_­­­­\_\_