

COMMUNITY LIVING ST. CATHARINES  
RESPITE PAYMENT REQUEST

COORDINATOR/CONSULTANT: \_\_\_\_\_ (Coordinator's name must be filled in)

CHEQUE MADE PAYABLE TO: _____	
ADDRESS: _____	
CITY: _____	POSTAL CODE: _____
PHONE # (905) _____	

PERSON RECEIVING SUPPORT: \_\_\_\_\_ RB# \_\_\_\_\_

LOCATION OF RESPITE: (Please check one) RESPITE HOME \_\_\_\_\_ ALTERNATIVE / FAMILY HOME \_\_\_\_\_

DATE & TIME DROPPED OFF	DATE & TIME PICKED UP	TOTAL # OF HOURS	RESPITE PROVIDER SIGNATURE	COST (Parent's Portion)

ALTERNATIVE / FAMILY SIGNATURE: \_\_\_\_\_

CHECK ONE:  Forward in Mail     To Be Picked Up     Direct Deposit

**OFFICE USE ONLY**

TOTAL COST: \_\_\_\_\_ TOTAL PARENT / GUARDIAN PORTION: \_\_\_\_\_ TOTAL SUBSIDY REQUESTED: \_\_\_\_\_

Hours Pre Authorized _____
Hours Verified _____
Coordinator's Initial _____

APPROVED _____	Charge To: _____
	\$ _____
	\$ _____
TOTAL	
	\$ _____
APPROVED BY: _____	
DATE: _____	CHEQUE NO.: _____