

FAMILY RESPITE PROGRAM SERVICE REPORT (RSR)

Mail, fax, or e-mail to: NAMI Maine, 52 Water Street, Hallowell, ME 04347, FAX (207) 621-8430, e-mail to payroll@namimaine.org

- Original signature of respite provider and parent/guardian required at the end of each respite session.
 - Forms must be received by noon on the Friday the payroll period ends (see Payroll Schedule)
 - Time-sheets cannot exceed 29 Hours per week; Saturday-Friday (subject to termination)
 - Time-sheets should be submitted within 72 hours of the respite service ending.

1	Your name			
2	Your level	<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 2	
3	Family name			
4	Family region	<input type="checkbox"/> Region 1	<input type="checkbox"/> Region 2	<input type="checkbox"/> Region 3
5	Respite or Meet & Greet	<input type="checkbox"/> Respite	<input type="checkbox"/> Meet & Greet	
6	Child and level			<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
	Child and level			<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
	Child and level			<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
	Child and level			<input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2
7	Date/Start time	Date:	Start time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
8	Date/End time	Date:	End time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
9	Total hours (start to end of service)			
10	Did you sleep?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11	If yes, total hours you slept			
12	Total billable hours (line 9 minus line 11)			
13	Where did respite occur?	<input type="checkbox"/> Your home	<input type="checkbox"/> Family Home	<input type="checkbox"/> Other
14	Roundtrip mileage			
15	Parent signature/date	Date:		
16	Your signature/date	Date:		