APPLICATION FOR MULTIPLE FAMILY BONUS

NAMI provides a $150 multiple family bonus to providers who provide respite services to two or more families for three consecutive, non-repeating months.

If you believe you qualify for the bonus, please complete the information below.

|  |  |
| --- | --- |
| Name of Family | Months Services Were Provided |
|  |  |
|  |  |
|  |  |
|  |  |

Guidelines:

* Providers must provide respite services to two or more *families,* not children.
* The families must be the same two families all three months (for example, you must provide respite for both the Smith and the Jones family every month for the three months).
* Planned respite sessions that do not occur do not count toward the bonus.
* Meet-and-greets do not count toward the bonus.
* Months cannot be counted more than once (for example, a provider could not request a bonus for the months of February-March-April and then April-May-June).
* There is a maximum of four (4) $150 bonus opportunities per twelve-month period.
* All RSRs (billing) for the months requested must be submitted prior to this application being submitted.

**Applications for the multiple family bonus must be submitted by the 15th of the month following the three-month period for which the provider is requesting the bonus.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, believe I have met the requirements for the multiple family bonus for the months of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respite Provider Signature/Date

**For NAMI use only:**

Approved? Y N (If no, state reason): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Respite Services Regional Manager signature/date