

ADOPTION RESPITE BILLING FORM

DATE_____

WESTERN SERVICE AREA JULY 1, 2018-JUNE 30, 2019

Please complete the form and W-9 and submit to LSI at 205 South 7th Street Denison, Iowa 51442 starting July 1, 2018 and no later than July 6, 2019. Please note if the W-9 is not completed, LSI is required to withhold taxes from your check.

Adoptive Parent(s) Names:		
Address:		
State:Zip Code:_		
Phone Number: (Cell)	(Home)	
Name of Person Providing Respite:		
Address:		City:
State:Zip Code:_	County:	
Phone Number: (Cell)	(Home)	
Is Provider an Adult (age 18 or older)?		
Respite Care is being provided for the following	children:	
<u>Name</u>	Date of Birth	Male/Female
Date Requesting Respite: Beginning Date:	Ending Date:	
Number of Resp	oite Days Completed:	
By signing below I certify that the above Respite	Services were provided during the tir	ne stated above and that the
children receiving respite have had a finalized sub		
processed.		
Signature of Adoptive Parent:	Date:	
Signature of Respite Provider		

Adoption respite is a program available to adoption families with for their subsidized adopted children. Each adopted child who receives a subsidy is eligible to receive five (5) days of respite per fiscal year at \$20.00 per day. After respite services have been provided and you live in one of the following counties **Lyon, Osceola, Dickinson, Emmet, Kossuth, Sioux, O'Brien, Clay, Palo Alto, Plymouth, Cherokee, Buena Vista, Woodbury, Ida, Sac, Monona, Crawford, Carroll, Greene, Harrison, Shelby, Audubon, Guthrie, Pottawattamie, Cass, Mills, Montgomery, Fremont, Page, and Taylor please complete the form and submit to LSI at 205 South 7th Street, Denison, Iowa 51442. July 1, 2018 – no later than July 8, 2019.**