



**ADOPTION RESPITE BILLING FORM**

DATE \_\_\_\_\_

WESTERN SERVICE AREA  
JULY 1, 2019-JUNE 30, 2020

**Adoptive Parent(s) Names:** \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
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>	<u>Date of Birth</u>	<u>Male/Female</u>

**Date Requesting Respite:** Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

**Number of Respite Days Completed:** \_\_\_\_\_

By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.

Signature of Adoptive Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Respite Provider: \_\_\_\_\_ Date: \_\_\_\_\_

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, 2019 – no later than July 6, 2020. A W9 must be completed by the person providing respite for payment to be issued.