

2016 IN-HOME RESPITE PAY SCHEDULE

Family Center, 107 Sheriff Dierker Court, O'Fallon, MO 63366



FORMS DUE

(by 5 p.m. regardless of holidays)

MONDAY

January 4, 2016
January 18, 2016
February 1, 2016
February 15, 2016
February 29, 2016
March 14, 2016
March 28, 2016
April 11, 2016
April 25, 2016
May 9, 2016
May 23, 2016
June 6, 2016
June 20, 2016

PAY DATE

(every other Friday)

FRIDAY

January 8, 2016
January 22, 2016
February 5, 2016
February 19, 2016
March 4, 2016
March 18, 2016
April 1, 2016
April 15, 2016
April 29, 2016
May 13, 2016
May 27, 2016
June 10, 2016
June 24, 2016

REMINDER: NEW FISCAL YEAR BEGINS JULY 1, 2016

July 4, 2016
July 18, 2016
August 1, 2016
August 15, 2016
August 29, 2016
September 12, 2016
September 26, 2016
October 10, 2016
October 24, 2016
November 7, 2016
November 21, 2016
December 5, 2016
December 19, 2016

July 8, 2016
July 22, 2016
August 5, 2016
August 19, 2016
September 2, 2016
September 16, 2016
September 30, 2016
October 14, 2016
October 28, 2016
November 11, 2016
November 25, 2016
December 9, 2016
December 23, 2016

*You may request reimbursement after the service has been provided.
Pay forms must be submitted within **30 days** for each date of service.*

Phone: 636.614.1324 | Fax: 636.272.0258

wtappmeyer@cliservices.org

General information and Tips for Community Living, Inc. In-Home Respite (IHR) Program


- Any dates of service provided in June and turned in, in July, will be applied to the last fiscal year amount.
- Respite providers MUST sign each box to match each date of service. IHR coordinator will withhold any dates not signed until corrected.
- Community Living, Inc.'s IHR Coordinator must be notified of any address, phone or other important changes for the family and/or respite provider.
- Dates of service must be broken down into their own box. Do not combine multiple days into one box.
- Below are appropriate ways to turn in reimbursement Forms. Example: Mailing, faxing, email and dropping it off to Community Living's Family Center.
 - Mailing- It is the day that IHR receives it, not the day you mail it, that is counted with the 30 day rule.
 - Faxing- Please call or email Community Living, Inc.'s IHR program, to notify the coordinator when you fax a form.
 - Community Living, Inc.'s Family Center has a drop box on the side of the building for turning in Reimbursement forms after hours or weekends.
 - If you have a cell phone with email and camera capability you may take a picture and email it to the IHR Coordinator.(pictures must be clear)
 - You may turn in reimbursement sheets every two weeks following the reimbursement schedule.

Below is an example of a complete form.

If you have any questions or concerns please call or email Community Living Inc.'s In-Home Respite program.

IN-HOME RESPITE CARE SERVICES REPORT
Forms are due within 30 days from the first date of service
 (Dates of Service past 30 days will not be reimbursed)

Consumer Name: John Doe



COMMUNITY LIVING, INC.
107 SHERIFF DECKER COURT
O'FALLON, MO 63368
636-614-1324/Fax: 636-272-0258

CLI - Family Center
107 Sheriff Decker Court
O'Fallon, MO 63368
636-614-1324/Fax: 636-272-0258

Date of IHR Service (m/d/yr)	Start Time	Stop Time	Total Hours Provided	Contracted Rate Per Hour	Total Amount Invoiced	Respite Provider Name (Please Print)	Provider's Signature
07/01/16	10 AM	11 AM	1	\$10.00	\$10	Provider Printed Name	<i>PROVIDER'S SIGNATURE</i>
07/02/16	10 AM	11 AM	1	\$10.00	\$10	Provider Printed Name	<i>PROVIDER'S SIGNATURE</i>
07/03/16	10 AM	11 AM	1	\$10.00	\$10	Provider Printed Name	<i>PROVIDER'S SIGNATURE</i>
	AM	AM					
	PM	PM					
	AM	AM					
	PM	PM					
	AM	AM					
	PM	PM					
Total:			3		\$30.00		

I hereby certify that the above information is accurate and complete. I understand that any false information knowingly provided on this form will result in termination of services and may result in legal action.

Parent/Guardian/Primary Caregiver Signature: PARENTS OR GUARDIANS SIGNATURE Day Phone #: 111-111-1111
 Address: 123 NO NAME ROAD City: NO NAME CITY Zip Code: 84611
 Email: PARENTSEMAIL.COM

Please check here if your home address, email address, or phone number has changed

White Copy- Office Yellow Copy- Provider/Family Pink Copy- Family