



PROVIDER SIGN-IN SHEET

Navy Respite 645 4th St. #202 Bremerton, WA 98337

(360)479-3489

Once Respite Care is complete, please scan to payrollnr@lcsnw.org

This Provider Sign-In Sheet records **ACTUAL** hours worked in a family home. It needs to be signed by the Sponsor, confirming **ACTUAL** hours worked and by each provider serving your family. At month's end, please scan to the office. If possible, the Sponsor is asked to scan. The signed and scanned form is then returned and stored in the Family Book for use by the parent for an upcoming Parent Quality Assurance Contact (PQAC).

Last Name: _____ Month: _____

Name <i>ALL providers sign in on this sheet.</i>	Date	# of Kids <i>EFMP Child MUST be present</i>	Start Time	End Time	Hours Used	Available Hours= <i>Usually 40</i>

Parent Signature: _____ Scanned Date: _____
 Scanned By: _____ Provider Signature: _____
 Provider Signature: _____ Provider Signature: _____