Lucas County Board of Developmental Disabilities

Respite Care Voucher

Lucas County Family Support Services Program
Funded by Lucas County Board of Developmental Disabilities

Family Selected provider is limited to 10 hours per month (Sunday - Saturday), up to $10 per hour.

The parent/guardian AND the respite care provider must sign the form at the time respite is provided. All family-chosen providers must complete a W-9 Income Tax Form, Master Supplier Form, OPERS Form (if applicable), and a Responsibility Waiver. All of the requested information must be completed for reimbursement; if the form is not filled out completely, the form cannot be processed and will be returned to you. **Family Support reserves the right to verify signatures, respite service dates, and times.** A submission of a form for respite services that were not provided could result in the termination of all Family Support Services.

Consumer Name _____

List each Individual Date and time _____

_____

_____

Hourly/Daily Rate $ _____ X Total Number of Hours _____ = Total $ _____

Signature of Parent/Guardian _____ Phone _____ Date _____

Signature of Respite Provider _____ Phone _____ Date _____

Please complete the waiver on the reverse side if this is a NEW provider.

Issue Reimbursement Check to:

Name _____
Address _____
City _____ State ____ Zip _____
Phone _____
Email _____

Allow 45 days from date of submission for payment

OFFICE USE ONLY
Co-pay _____
Contract # _____
Respite $ Amount _____
☐ Approved ☐ Denied
Date _____

Total cost of respite is reimbursed within the current funding limit and in accordance with the family's taxable income level. The funds are not guaranteed and requests need to be **submitted within 30 days of service**, all vouchers **must** be postmarked by October 31, 2022.

Fax: 419-380-2610
Email: VLambert@lucasdd.org
Mail to: Family Support Services
c/o Lucas County Board of Developmental Disabilities
1154 Larc Lane
Toledo OH 43614

_____
Staff Signature

Family Selected Provider Responsibility Waiver

Lucas County Family Support Services Program
Funded by Lucas County Board of Developmental Disabilities

I agree that the Respite Program and Lucas County Board of Developmental Disabilities will not be construed to adversely affect the health, safety, or welfare of:

_____
Name of Consumer(s)

While in the care of the Respite Care Provider whom I have selected to provide this service:

_____
Print name of Family Selected Provider

_____ _____
Family Selected Provider Signature (may request verification of Provider's Signature) Phone Number

_____
Address City State Zipcode

I waive my right to have a background investigation conducted on the Family Selected Provider.

I will hold harmless from any damages resulting from this service, the Lucas County Board of Developmental Disabilities. I have fully disclosed to the said provider all pertinent facts about my dependent's needs and problems, and acknowledge full responsibility for failure to do so. I certify that the above named person will provide proper care to meet the health and safety needs of:

_____
Name of Consumer(s)

_____ _____
Date Parent/Guardian Signature

Fax: 419-380-2610
Email: VLambert@lucasdd.org
Mail to: Family Support Services
c/o Lucas County Board of Developmental Disabilities
1154 Larc Lane
Toledo OH 43614