



Respite Reimbursement Voucher Form

Submit respite form to your account manager with specific dates respite was provided, including number of hours and the amount paid out.

Requests must be submitted no later than 60 days after respite services occurred.

PARTICIPANT: _____
(Only 1 consumer per form) FIRST LAST

CODE: _____

ADDRESS: _____
 # AND STREET

PHONE #: (_____) _____ - _____

TOWN/CITY STATE ZIP

MONTH/YEAR: _____

DAYS OF MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HRS. OF RESPITE RECEIVED																															
OFFICE USE ONLY																															

Note: Respite Reimbursements paid to an individual provider by you for services are taxable to that provider regardless of the payer. Under domestic employees Section 3121(x) of the Internal Revenue Code; the Social Security and Medicare wage threshold for household employees is \$1,700 for 2010. This means that if you pay a household employee cash wages of less than \$1,700 in 2010, you do not have to report and pay social security and Medicare taxes on that employee's 2010 wages. For more information, see *Social Security and Medicare wages* in Publication 926, Household Employer's Tax Guide. <http://www.irs.gov/publications/p926/index.html>

Gateways Community Services is not offering tax advice or guidance; each individual should consult their own tax professional for advice regarding their situation.

Hours: _____

Rate: _____

Total: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

**** By signing this form you are stating that you have already paid for services rendered. ****

RETURN TO: Gateways Community Services, 144 Canal Street, Nashua, NH 03064 Attn: Respite
 Telephone: (603) 882-6333 Fax: (603) 889-5460

****** Please submit respite reimbursement vouchers by the 10th of each month following the month respite was provided. ******

The Gateways Community Services reviews the usage of units each quarter and reserves the right to change your allocation during the year depending on usage, funding, availability of providers and family circumstances.