



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.

~ Respite received after the 10th of the following month may not be reimbursed ~

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

Parent Name: _____
(Print Name for reimbursement) FIRST LAST

ADDRESS: _____
 # AND STREET

 TOWN/CITY STATE ZIP

PHONE: (____) _____ **EMAIL:** _____
CODE: _____ **MONTH/YEAR:** _____
(ID Number) (Received Respite)

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 \$1,799 for 2012. This means that if you pay a household employee cash wages of less than \$1,799 in 2012, you do not have to report and pay social security and Medicare taxes on that employee's 2012 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
 Fax: (603) 889-5460

**** Respite reimbursement vouchers must be submitted by the 10th of the following month after respite was provided. ****

Vouchers are only good for one month at a time and can not be combined with additional months. 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.

****FOR OFFICE USE ONLY ****