NEZUL BE HUNUYEH CHILD & FAMILY SERVICES SOCIETY

RESPITE/RELIEF CARE

The personal information requested on this form is collected under the authority of and will be used for the purposes of administering the Child, Family and Community Service Act (CFCS Act) and the Financial Administration Act (FA Act). Under certain circumstances, the collected information may be subject to disclosure as per the CFCS Act, the FA Act and/or the Freedom of Information and Protection of Privacy Act. Any questions about the collection, or disclosure of this information should be directed to the Executive Director, 1-866-996-0015, PO Box 1180, Fort St. James, BC, V0J 1P0.

PAYABLE TO:	NAME OF RESPITE/RELIEF CAREGIVER:	MONTH OF (MM/YYYY):	INVOICE NUMBER (OFFICE USE)

_____

ADDRESS

_____

APT NO. STREET ADDRESS

_____ _____

CITY/TOWN POSTAL CODE

_____ _____

HOME TELEPHONE OTHER TELEPHONE

✓ Check Appropriate Box which applies to your type of care home:

RESPITE/RELIEF RATES:

- ❑ Non Foster Home Per Diem (Age 11 & Under) $26.79
- ❑ Regular & Restricted Home (Age 11 & Under) $36.79
- ❑ Level 1 Home (Age 11 & Under) $55.60
- ❑ Level 2 Home (Age 11 & Under) $68.35
- ❑ Level 3 Home (Age 11 & Under) $90.89
- ❑ Non Foster Home Per Diem (Age 12-19) $30.33
- ❑ Regular & Restricted Home (Age 12-19) $40.33
- ❑ Level 1 Home (Age 12-19) $55.60
- ❑ Level 2 Home (Age 12-19) $68.35
- ❑ Level 3 Home (Age 12-19) $90.89

NAME OF CHILD	MONTH	PLEASE *CIRCLE* DAYS OF THE MONTH SERVICES WAS PROVIDED	TOTAL DAYS	RATE AS PER SELECTED ABOVE ($)	TOTAL BILLING ($)
		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			
		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			
		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			
		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			
		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			
		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			
		TOTAL DAYS PAYABLE		**TOTAL BILLING**	$

RESPITE/RELIEF CAREGIVER SIGNATURE: I certify that this is a true and accurate statement of the care provided to the clients listed above.	**DATE:**	**RESOURCE WORKER SIGNATURE (NON-NBH CHILD)** **GUARDIANSHIP WORKER SIGNATURE (NBH CHILD)**	**DATE:**

----------SPENDING AUTHORITY APPROVAL (OFFICE USE ONLY)----------

SPENDING AUTHORITY CERTIFIES THAT THE AMOUNT TO BE PAID IS CORRECT, IS IN ACCORDANCE WITH APPROPRIATE STATUE OF OTHER AUTHORITY FOR PAYMENT AND/OR CONTACT; AND, WHERE APPLICABLE, OTHER CONDITIONS HAVE BEEN MET; I AS SPENDING AUTHORITY, WILL MONITOR CONTRACT PERFORMANCE AND ADVISE THE FINANCE MANAGER OF TERMINATION OF CONTRACT:

PRINT NAME: _____ SIGNATURE: _____ DATE (YYYY/MM/DD): _____