

FAMILY REIMBURSED RESPITE VERIFICATION FORM

- Please complete **all areas in full** for form to be accepted
- Respite provider should be at least 14 years of age
- Respite provider cannot be a parent, significant other, or legal guardian of the Participant
- Respite provider cannot be an employee of Heritage Christian Services
- Rate of pay for respite services should be reasonable. The current NYS minimum wage may be used as a guide

Participant Name:				
Parent/Guardian Name:				
Address (City/State/Zip):				
Date of Service (MM/DD/YYYY)	Start Time (required)	Stop Time (required)	Total Hours of Service Provision	Total Cost
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			Total Hours: (total of above)	Total Cost: \$ (total of above)

Family reimbursed respite is 100% paid with New York State funds. In order for the respite services to be reimbursed, it is important to comply with the criteria and documentation requirements above. In accordance with the False Claims Act, submitting false information may result in having to repay funds, losing future reimbursement eligibility, and possibly legal action. Heritage Christian Services reserves the right to request verification of payment for respite services at any time. In the event that a claim for goods or services is discovered to be fraudulent, the agency to which that reimbursement application was submitted is to be notified (if not the discovering entity) and will investigate the request in question and all documentation provided with the reimbursement request. In the event that the fraudulent claim is confirmed, the individual/family will be required to pay the amount reimbursed back to the agency (if the service/good was already reimbursed) and will be suspended from any future reimbursement for goods and services for a period of time determined by the agency and OPWDD. The recipient of the reimbursement may also be subject to legal actions as determined by the agency and OPWDD.

I have read the statement above and certify that the information provided on this form is accurate:

Name: _____

Signature: _____ Date: _____