



SENIORS IN SERVICE

Time Sheet

Respite Voucher Program



Name of person receiving care _____

Name of privately hired caregiver _____

Office Use Only	
Voucher#	
Date Issued	
Avail. Balance	
Tally Entry	

Please note that Seniors in Service Respite Program does not recommend or endorse any agency or private caregiver. It is the family's responsibility to screen caregivers and to assume liability for any actions that may arise during this service. Please note that it is your responsibility to comply with federal tax withholding regulations. **You may not hire anyone residing within your home.**

Date	Arrival Time	Departure Time	Total Hours	Signature of hired caregiver

Total hours _____ Hourly Rate for Service _____

Total dollar amount requested \$ _____

Signature of family caregiver _____



Family caregiver - Please mail, email or fax time sheet with a copy of the check or receipt for cash payment

TO: Seniors in Service Respite Program 1380 Greg Street, Ste# 230 Sparks, NV 89431

Email: barbara@sisnv.org * Phone# 775-358-2768 * Fax# 775-358-2783

Reimbursements will be mailed within 7 days after receipt of all correct information. **Any fraudulent acts involving this grant will be prosecuted. Future applications will not be considered if mis-use or fraud have occurred. We do recommend you hire a licensed professional to care for your loved one.**