HARTWOOD FOUNDATION, INC
RESPITE SUBSIDY PROGRAM
3702 PENDER DRIVE, SUITE 410 ◊ FAIRFAX, VA 22030 ◊ Tel # (703) 273-0939 ◊ Fax (703) 273 - 6807 hfirsp@aol.com

_evel of Service: □	□ Level 1	□ Level 2	/el 2	□ Le	RESPITE Level 3	REIMBUR	IMBURSEMENT REQU ☐ Medically Fragile	RESPITE REIMBURSEMENT REQUEST evel 3			
Applica	s Only)	□ Adv	□ Advance Request			□ Foll	ow-Up Re	□ Follow-Up Receipt for Advanced Payment	ınced Pay		☐ Professional Nursing Service
Authorization#	Auth	Authorization Date:	Date:		Aut	Authorized by:		□ Email or □ Phone		email:	
ndividual Name:				Paren	ıt/Guardi	Parent/Guardian Name:		1			
-ull Mailing Address:										Telephone #	
Provider Name	Respite	Begin	Respite	End	Total Hours	Family Home?	Provider Home?	Actual Amount Paid	Date Paid	Provider	Parent/Guardian
	Date	In	Date	Out				to the Provider		Signature	Signature
•REQUEST MUST BE SUBMITTED WITHIN 10 DAYS OF SERVICE DELIVERY •COPY OF INVOICE REQUIRED FOR PROFESSIONAL NURSING SERVICES	TTED WITHIN 10 RED FOR PROFESS	DAYS OF SI	ERVICE DELI RSING SERVI	VERY		• BE	SURE TO CO	OMPLETE PROVIDE	R INFORMA	BE SURE TO COMPLETE PROVIDER INFORMATION ON THE BOTTOM OF THIS FORM	S FORM
FOR OFFICE USE ONLY:	<i>YYY</i> :					п			7 1 1 1 1 1	ē.	
HFI Rate of Pay/Hour	_ Total Hours		Total Re	Total Reimbursement/Hour	nt/Hour		Total # of H	Total # of Hours Used This Quarter	uarter		CLAIM DENIED
HFI Rate of Pay/Day	_ Total Days _		Total Re	Total Reimbursement/Day	ent/Day		Total # of H Date Check	Total # of Hours Reimbursed This Quarter: Date Check Processed:	This Quart		NOT SUBMITTED WITHIN 10 DAYS EXCEEDS AUTHORIZED EXPENSE NOT AUTHORIZED IN ADVANCE
Authorized by:							Check #	Init	Initials:		
PROVIDER(S) INFORMATION:							PROVI	PROVIDER(S) INFORMATION:	ATION:		
ULL ADDRESS:							FULL ADDRE	FULL ADDRESS:			
FULL ADDRESS:							FULL /	FULL ADDRESS:			
HONE NUMBER:							PHONE	PHONE NUMBER:			
S PROVIDER LISTED WITH HARTWOOD FOUNDATION, INC.? YESNO VOULD HE/SHE LIKE TO BE LISTED WITH HFI, PLEASE CHECK THIS BOX: $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	ARTWOOD FOUI TED WITH HFI, I	NDATION, PLEASE C	HECK THIS	BOX:			IS PRO WOULI	IS PROVIDER LISTED W WOULD HE/SHE LIKE TO	TTH HARTY BE LISTED	IS PROVIDER LISTED WITH HARTWOOD FOUNDATION, INC.? YES NOW WOULD HE/SHE LIKE TO BE LISTED WITH HFI, PLEASE CHECK THIS BOX: $\Box$	THIS BOX:
ACCED HEATHER THAN TO BE THE	IED WILLIAM,	LEASE C	HECK TITES	502			WOOL	HE/SHE LINE IO	BE LISTED	WITH HEI, PLEASE CHECK	IHIS BUX: