

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

RESPIRE REIMBURSEMENT REQUEST

Level of Service: Level 1 Level 2 Level 3 Medically Fragile
 Special Assistance: Advance Request Follow-Up Receipt for Advanced Payment Professional Nursing Service
 (for Pre-Qualified Applicants Only)

Authorization # _____ Authorization Date: _____ Authorized by: Email or Phone email: _____
 Individual Name: _____ Parent/Guardian Name: _____ Telephone # _____
 Full Mailing Address: _____

| Provider Name | Respite | Begin | Respite | End | Total Hours | Family Home? | Provider Home? | Actual Amount Paid to the Provider | Date Paid | Provider Signature | Parent/Guardian Signature |
|---------------|---------|-------|---------|-----|-------------|--------------|----------------|------------------------------------|-----------|--------------------|---------------------------|
| | Date | In | Date | Out | | | | | | | |
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•REQUEST MUST BE SUBMITTED WITHIN 10 DAYS OF SERVICE DELIVERY
 •COPY OF INVOICE REQUIRED FOR PROFESSIONAL NURSING SERVICES
 •BE SURE TO COMPLETE PROVIDER INFORMATION ON THE BOTTOM OF THIS FORM

FOR OFFICE USE ONLY:

HFI Rate of Pay/Hour _____ Total Hours _____ Total Reimbursement/Hour _____ BUDGETED HOURS THIS QUARTER: _____
 HFI Rate of Pay/Day _____ Total Days _____ Total Reimbursement/Day _____ Total # of Hours Used This Quarter: _____
 Authorized by: _____ Date Check Processed: _____ Total # of Hours Reimbursed This Quarter: _____
 Check # _____ Initials: _____

CLAIM DENIED
 NOT SUBMITTED WITHIN 10 DAYS
 EXCEEDS AUTHORIZED EXPENSE
 NOT AUTHORIZED IN ADVANCE

PROVIDER(S) INFORMATION:
 FULL NAME: _____
 FULL ADDRESS: _____
 FULL ADDRESS: _____
 PHONE NUMBER: _____
 IS PROVIDER LISTED WITH HARTWOOD FOUNDATION, INC.? YES _____ NO _____
 WOULD HE/SHE LIKE TO BE LISTED WITH HFI, PLEASE CHECK THIS BOX:

PROVIDER(S) INFORMATION:
 FULL NAME: _____
 FULL ADDRESS: _____
 FULL ADDRESS: _____
 PHONE NUMBER: _____
 IS PROVIDER LISTED WITH HARTWOOD FOUNDATION, INC.? YES _____ NO _____
 WOULD HE/SHE LIKE TO BE LISTED WITH HFI, PLEASE CHECK THIS BOX: