

HARTWOOD FOUNDATION, INC.
3702 Pender Dr., Suite 410
Fairfax, VA 22030
(703) 273-0939 phone (703) 273-6807 fax

RESPITE (PRIVATE PAY) PROGRAM CONTRACT

Contract Period: from _____ to _____

Initial Contract: Yes: ___ No: ___
If Yes, Indicate Start Date: ___ / ___ / ___

Contract Renewal: Yes ___ No: ___
If Yes, Effective First Date of Calendar Year

Applicant/Service Recipient: _____
Billing Name: _____
Billing Address: _____

Daytime Phone: _____ Alternate Phone: _____

Service Request:

I have read and agree to abide by the terms of the Respite Program Contract.

I have selected the following plan:

1) Respite "Traditional" Service:

- _____ Package Plan (\$35.00 per day)
- _____ Open Plan (\$40.00 per day)
- _____ Hourly Plan (\$7.00 per hour)

2) Emergency Service (typically longer-term):

- _____ 75% of individual's income
(pro-rated for total number of days served in program)

Service Recipient (individual) Date

Parent/Guardian (if applicable) Date

Staff Use:

_____ approved _____ disapproved

Staff Signature Date

_____ fee support requested

Payment Plan

_____ cash as services rendered
_____ monthly installments \$ _____ per month