

Licking County Board of DD
116 N. 22nd Street. Newark, OH 43055

Family Support Services Program
Service Verification Form

This form should be completed in ink and submitted by the 14th or 29th of the month

Name of Parent/Guardian/Family Member: _____

Address: _____ City/State/Zip: _____

Name of Individual Receiving Services: _____

This is to certify: _____ provided respite care as identified below:
Respite Provider

From: Date& Time	To: Date & Time	# Hours	Hourly Rate	OR	# Days	Daily Rate	Total Due

Comments: _____

Signature of Parent/Guardian/Family

Date

Signature of Respite Provider

Date

Date Processed: _____

Approved By: _____

Family's Obligation: _____

Total Due Family: _____