AUTISM SOCIETY
Improving the Lives of All Affected by Autism
Greater Akron

RESPITE CARE PROVIDER PAYMENT FORM

Complete and Return to:
ASGA Take a Break
703 S. Main Street, Akron OH 44311
Scan and E-mail form to: Info@autismakron.org

Payment will be sent directly to the respite care provider within 30 days.

RESPITE CARE PROVIDER INFORMATION

Name of Respite Care Provider: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

FAMILY INFORMATION

Name of Parent/Guardian: _____

Name of Person with ASD: _____ Age: _____

Date(s) of Service: _____ Total Number of Hours: _____

NOTE: ASGA will provide payment of up to $42 (3 hours at $14/hour) directly to the respite care provider chosen by the parent/guardian on behalf of the person with ASD. The expectation is that the respite care provider will provide care for all of the children. ASGA does not make any representation as to the respite care provider's qualifications, training, experience, suitability or character. That is the sole responsibility of the parent/guardian to determine the right fit.

My signature acknowledges that the respite care services were provided as described above and in a manner satisfactory to me.

Signature of Parent/Guardian: _____

Signature of Respite Care Provider: _____

Thank you for providing valuable respite care to families living with autism!