

If faxing, please do not mail

Please PRINT in black ink

MRCI
Hourly Respite
Must be sent with a timesheet summary

Respite Provider's Name _____

Consumer Name _____ County _____

Pay Period 1 - 15 or 16 - Last day of month
(Please circle appropriate pay period)

Was the Consumer hospitalized during this pay period? Yes No
If yes, date entered _____
Date released _____
You cannot bill for any hours in any day that the Consumer is hospitalized

Month _____ Year _____
(Only one month per timesheet)

Sleeping time—how to record it according to Labor Law:

- 1. If the respite provider is working for less than 24 hours, and their work time includes sleeping, he/she must be paid for all hours of work including sleep time.
2. If the respite provider is working for 24 hours or more, generally he/she is not paid for the 8 hours of 10pm to 6am (this is the standard typically used for sleep time).
3. However, if the respite provider is not able to get 5 continuous hours of sleep because of assistance needed by the consumer, the respite provider must be paid for all of the hours through the night.

Table with 8 columns: Date, Time the hourly respite started, Time the hourly respite ended, Total hours worked each time, Date, Time the hourly respite started, Time the hourly respite ended, Total hours worked each time. The table contains 10 rows of empty cells for data entry.

Hourly respite rate \$ _____ per hour

Total hours _____

Signature of Respite Provider

Signature of Consumer/Consumer's Representative

BOTH PROVIDER AND CONSUMER/CONSUMER'S REPRESENTATIVE MUST SIGN