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| **Staff’s Name:** | |  | | **Month:** |  | | | **Year:** | |  | |
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| **Date** | **Type of Respite Provided**  **(i.e. In-home respite, adult day care, etc.)** | | | | | **Caregiver’s Name (First, Last)** | | | | | **Total**  **Staff Hours** |
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| **1 UNIT = 60 Minutes of Staff Time** | | | | | | **Monthly Total (Staff Hours):** | | | | |  |
|  | | | | | | | | | | | |
| **Staff’s Signature:** | | |  | | | | **Date Signed:** | |  | | |
| **Supervisor’s Signature:** | | |  | | | | **Date Signed:** | |  | | |