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| --- | --- | --- | --- | --- | --- |
| **Staff’s Name:** |  | **Month:** |  | **Year:**  |  |
|  |
| **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:** |  |