



Matrisza Alvarez–Director of Youth and Family Services
United Cerebral Palsy
3058 Dauphin Square Connector, Mobile, AL 36607
251-479-4900 Mobile Area
888-630-7102 Outside Mobile



Service Report

UCP Respite Program

ID# _____

This form **MUST BE RETURNED** in order for reimbursement to be received.

Client Name: _____

Date Service Provided: _____

Hours Worked: _____ X Rate per hour: _____ = Amount: _____

Name of Selected Caregiver: _____ Phone: _____
(UCP reserves the right to contact this individual)

Make check payable to (Parent/Guardian): _____

Phone: _____

Address: _____

City: _____ AL Zip: _____

(Please make sure information is correct. Check will be made out to parent/guardian and mailed to above address. Please allow 7-10 business days for check to be processed after Service Report and Respite Care Programs Survey have been received. Parent/Guardian will be responsible for paying selected caregiver.)

We confirm that services were provided as stated above for respite care.

Parent/Guardian Signature

Selected Caregiver Signature

Comments:

Entered_____
Copied_____