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|  | MISSOURI DEPARMENT OF SOCIAL SERVICESCHILDREN’S DIVISION**RESPITE PROVIDER PAYMENT INVOICE FOR ADOPTIVE/GUARDIANSHIP PARENTS** |

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| Respite forms must be given to a worker for processing within 6 months of receiving respite services. Each section must be completed before submitting for payment. |
| **Section I.** |  |
| AD/LG Parent Name(s):  |       |
| AD/LG Parent's DVN:  |       |
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| Children's Names | Medicaid Number | Level of Care | Case Manager Name and Agency |
| 1.
 |       |       |       |
| 1.
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| **Section II** |
| Date Respite Began:  |       | Date Respite Ended:  |       |  |
| Time Respite Began:  |       | Time Respite Ended: |       |  |
|  |  |  |  |  |
| Total Respite Units to be paid:  |     @       |  |     @       |  |
| Total Respite Units for Above Standard Subsidy: |     @       |  |     @       |  |
| Respite Provider's Name:  |       | DVN:  |       |
| Respite Provider's Address: |       |
|  |       |
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| Amount Paid to Respite Provider $ |       | OR |
| Check Box if Reimbursement to Contracted Respite Provider Is Needed [ ]

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| Signature of Respite Provider (Required) |  | Date |
| Signature of Adoptive/Guardianship Parent (Required) |  | Date |

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