

HUMAN RESOURCE TRAINING INC.  
5050 NORTH 19<sup>TH</sup> AVE.  
SUITE #212  
PHOENIX, ARIZONA 85015

RESPITE REQUEST ~ ( ) ACYF ( ) DHP

I'm requesting respite care for my client (s) for the following dates:

\_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Name of client Date Total hours / Total days

\_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Name of client Date Total hours / Total days

\_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Name of client Date Total hours / Total days

\_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
Name of client Date Total hours / Total days

\_\_\_\_\_ \_\_\_\_\_  
Regular Provider's Name Address & Phone Number

\_\_\_\_\_ \_\_\_\_\_  
Respite Provider's Name Address & Phone Number

Current respite balance: \_\_\_\_\_ HRS ( \_\_\_\_\_ ) Days ( \_\_\_\_\_ )

ACYF ~ TOTAL HOURS OR DAYS TO BE PAID: \_\_\_\_\_

DHP ~ TOTAL DAYS TO BE PAID: \_\_\_\_\_

PAY RATE - REGULAR: \_\_\_\_\_

P/T: \_\_\_\_\_

DHP: \_\_\_\_\_

Hours to be deducted from 144: \_\_\_\_\_  
Balance left after this request: \_\_\_\_\_ HRS ( \_\_\_\_\_ ) Days ( \_\_\_\_\_ )

Licensing Worker/Consultant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature (if needed): \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: \_\_\_\_\_

\_\_\_\_\_