



SECWPEPMC CHILD & FAMILY SERVICES AGENCY

300 Chilcotin Rd., Kamloops, BC
Ph: 250-314-9669 Fax: 250-314-9609

RESPIRE RELIEF CARE MONTHLY OCCUPANCY REPORT & BILLING

The personal information requested on this form is collected under the authority of and will be used for the purposes of administering the *Child, Family and Community Services Act* (CFCS Act) and the *Financial Administration Act* (FA Act). Under certain circumstances, the collected information may be subjected to disclosure as per the CFCS Act, the FA Act and/or the *Freedom of Information and Protection of Privacy Act*. Any questions about the collection, use or disclosure of this information should be directed to the Director, Information, Privacy and Records Services Branch, (250) 387-0820, PO Box 9702, Stn Prov Govt, Victoria, BC, V8W 9S1

NAME OF RESOURCE	DELIVERY OPTIONS: <input type="checkbox"/> DIRECT DEPOSIT <input type="checkbox"/> MAIL OR PICK UP AT: <input type="checkbox"/> 300 Chilcotin Rd. <input type="checkbox"/> 285 Seymour St	CHECK APPROPRIATE BOX <i>FAMILY CARE HOME</i> <i>GROUP HOME</i> <input type="checkbox"/> REGULAR <input type="checkbox"/> GROUP HOME <input type="checkbox"/> RESTRICTED <input type="checkbox"/> SPECIALIZED <input type="checkbox"/> LEVEL 1 RESOURCE <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> LEVEL 3	MONTH OF
ADDRESS			RESPITE APPROVED PRIOR BY:
POSTAL CODE			SSA EXPIRY DATE:
			SOCIAL WORKER:

CHILD'S LEGAL NAME	DATES SERVICES PROVIDED																Total Days	X Daily Per Diem	Billing Sub-Total
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31				

AUTHORIZED FOR PAYMENT

TOTAL BILLING \$

I certify that this is a true and accurate statement of the care provided to the clients listed above.

RESOURCE WORKER	DATE	CARE PROVIDER	DATE
CASEWORKER			