

SMART Adjunctive Children's Treatment Services Voucher
No Payment Will Be Made To Non-Approved Respite Providers

P.O. Box 1360, Windham, ME 04062-1360
 Phone: (207) 893-0386 Fax: (207) 893-2086

Foster Parent(s): _____

SUPERVISORY CARE-REASON: _____

Provider: _____

(RESPITE) SUBSTITUTE CARE **EMERGENCY RESPITE**

Address: _____

MANDATED RESPITE

Telephone: _____

Check Box if New Address

Service Codes For Care:
A: Regular Treatment Respite Provider w/Licensed Home
B: Regular Treatment Respite Provider w/Unlicensed Home
C: Regular Respite Provider – One Home Exclusive
D: SMART Foster Parent

Begin Service Date	End Service Date	Name of Child (Include First and Last)	Service Code (See Above)	Hours	Hourly Rate	Total Hourly \$	*Number of Overnights In FP's Home	*Number of Overnights Out of FP's Home	Overnight Rate	Total Overnight \$	Total \$ This Voucher (Column 1 OR 2 = 3)
							*Mandatory	TOTALS			

It is the responsibility of the provider to send in the voucher. ANY FORMS RECEIVED MORE THAN 30 DAYS AFTER THE DATE OF SERVICE WILL NOT BE PAID.

The Signatures on this form confirm that the respite provider has been trained to implement the Individual Service Plan for the child(ren) named above, who is/are receiving substitute care and to implement appropriate SMART emergency procedures if needed. If the foster parent(s) named above did not provide this training, the training was provided by:

 Provider's Signature Date

 Foster Parent's Signature Date