

Respite Care Program

October 2025 to June 2026

Provider Invoice Form

One child per invoice

Child's name		Parent's name
Child's address		
Respite Provider Information		
Name		Social Security Number (Required)
Address		
Home Phone #	Cell Phone #	Email Address
Mailing address, if different		

Date(s) services were provided One day per line	Times services were provided	Total hours	Where were Respite services provided? (Provider's or Child's home)
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Total Hours: _____ Total \$: _____

This invoice cannot exceed 48 hours and/or \$300. Up to 9 hours bills \$15 per hour. When you exceed 9 hours, you must bill the following: 10 hours up to 24 hours @ a flat rate of \$150.

The respite provider must be approved by DBHIDS before an invoice can be submitted for payment. Respite services must be completed by June 30. Invoice must be received by July 15. **Forms received after July 15 will not be paid.** Email completed form to Respite.DBHIDS@Phila.gov. You will receive an email confirming receipt of this invoice.

Please note: It is the sole responsibility of the sender to encrypt and/or provide proper security measures when sending documents via email.

I agree and understand that all information provided above is correct and **THAT CHECKS MAY TAKE UP TO 8 WEEKS TO BE MAILED.**

Respite provider signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

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Instructions for Completing Provider Invoice Form

- Enter one day/one date per line.
- Enter times within one 24-hour period.
- If services were performed overnight enter a new line for a new day.
- Same date cannot be entered on multiple invoices.

Example

Date(s) services were provided One day per line		Times services were provided	Total hours	Where were Respite services provided? (Provider's or Child's home)
11 / 16 / 2025		9:00 am to 11:59 pm	15	Child's home
11 / 17 / 2025		12:00 am to 4:00 pm	16	Child's home
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