United Cerebral Palsy of West Central Wisconsin

206 Water St. Eau Claire, WI 54703
Phone: 715-832-1782 Fax: 715-832-8203 TTY: 715-832-3527
email: ucpwcw@aol.com

Lifespan Respite Care Network for Eau Claire : Respite Billing Form

Individual Needing Care - Name: ____________________

Caregiver/Family Name: ____________________

Address: ____________________

City: __________ Zip Code: __________

Phone: ____________________

Respite Provider Name: ____________________

Social Security # or FEIN: ____________________

Address: ____________________

City: __________ Zip Code: __________

Phone: __________ Hourly / Daily Rate: $ __________

Hours and / or Days of care provided: ____________________

____

____

____

____

Total Amount Owed: $ ____________________

Family/Caregiver/Individual Needing Care Signature: ____________________

Respite Provider's Signature: ____________________

Please check one: ( ) In family home ( ) Out of family home ( ) Independent Contractor ( ) Business Provider

Please Return Signed Form To: Terri Larson-Baxter at UCP

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