



# Perry County Family and Children First Council

## Respite Invoice

Child Name: \_\_\_\_\_ (separate form per child)

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Date and Time Services were provided:

Month:				
Date Begin:	Beginning Time:	Date Ending:	Ending Time:	Total Hours/ Overnight Stay

### Total Respite Provided:

**\$10 per hour up to 8 hours. Overnight stay (at least 16hr respite), \$125 rate per 16 hours.**

Total Hours (no overnight, max 8hr/day): \_\_\_\_\_  
Total Nights (16hr+): \_\_\_\_\_ Reimbursement Amount: \_\_\_\_\_

By signing below, we verify that the above service was provided for: \_\_\_\_\_  
Child Name

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_  
(A W-9 is currently on file with the Council.)

Mailing Address: \_\_\_\_\_

### Send Completed Invoice by mail, fax, or email to:

Perry County Family and Children First Council  
5250 State Route 37 E  
New Lexington, Ohio 43764  
[PerryFiscal@jfs.ohio.gov](mailto:PerryFiscal@jfs.ohio.gov)  
(740) 342-3551

*Please keep track of this information with dates and copies of documents to help avoid problems with reimbursement. Please be advised that PCFCFC and its administrative agent, PCJFS, explicitly disclaim any liability for the conduct, qualifications, or professional experience of the service provider, as well as the legal history of the individual. PCFCFC and PCJFS are not responsible for any disqualifications of the respite provider, injuries, or damage to property that may occur during the provision of services. This notice is issued to inform you that neither PCFCFC nor PCJFS assumes responsibility for any associated legal or behavioral matters related to the service provided. Approved by Council 1/20/2026.*

*Summary of how the child behaved during the months respite:*

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*Problems/concerns:*

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*Please respond with Y (yes) or N (no) to the following questions:*

Did the youth attend school during the respite? \_\_\_\_\_

Did you transport the youth to any scheduled mental health appointments? \_\_\_\_\_

Did you administer any medications to the child during the respite? \_\_\_\_\_

Where you instructed by the guardian on when and how to administer medication? \_\_\_\_\_

Did the medicine arrive with the child in the prescribed appropriate container, labeled in the child's name? \_\_\_\_\_

*Behavioral issues: (Check all that apply)*

<input type="checkbox"/> Biting	<input type="checkbox"/> Clingy	<input type="checkbox"/> Cruelty to Younger Children
<input type="checkbox"/> Destructive to property	<input type="checkbox"/> Thumb sucking	<input type="checkbox"/> Eating Problems
<input type="checkbox"/> Encopresis/Enuresis	<input type="checkbox"/> Excessive Crying	<input type="checkbox"/> Explosive Outbursts
<input type="checkbox"/> Fire Setting	<input type="checkbox"/> Hair pulling	<input type="checkbox"/> History of Violence
<input type="checkbox"/> Hurts animals	<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Withdrawn/Fearful
<input type="checkbox"/> Jealous/selfish	<input type="checkbox"/> Lying	<input type="checkbox"/> Manipulative
<input type="checkbox"/> Truancy	<input type="checkbox"/> Physical Aggression	<input type="checkbox"/> Running Away
<input type="checkbox"/> Self-abusive	<input type="checkbox"/> Sexually acting out	<input type="checkbox"/> Short Attention Span
<input type="checkbox"/> Sleeping Problems	<input type="checkbox"/> Smoking/tobacco use	<input type="checkbox"/> Stealing
<input type="checkbox"/> Substance abuse	<input type="checkbox"/> Suicidal/Homicidal	<input type="checkbox"/> Swearing
<input type="checkbox"/> Talking back	<input type="checkbox"/> Temper tantrums	<input type="checkbox"/> Threatening
<input type="checkbox"/> Others :		