LEHIGH & NORTHAMPTON COUNTY RESPITE/FAMILY AIDE TRACKING FORM

NOTE: Tracking logs are required <u>in addition to (not instead of) invoices</u>. Please print all names legibly. You may list more than one date for each person on one tracking log and invoice. <u>Use a separate tracking log & invoice for each service and each caregiver you use</u>.

IMPORTANT: Family Aide Service is limited to a total of <u>4 sessions per month</u>. Call your supports coordinator for an innovative service request if you need more than 4 sessions in a month <u>before</u> you go over the limit.

REMINDER: Payments for Respite and Family Aide MUST BE MADE PAYABLE TO THE PROVIDER.

****Maximum rate per day for Respite/Family Aide is \$125.00****

****Maximum rate per hour is \$15.00/with a cap of \$125 for up to a 24/hour period****

PARTICIPANT'S NA	ME:		
CARE PROVIDER:			

Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	End Date	Number of Hours	Amount Paid Per Hour	Total Amount to be Paid	Type of Service (Family Aide/Respite
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Grand Total

REMEMBER: Start Time and End Time <u>must equal</u> number of hours listed on the form. Number of Hours <u>times</u> Amount Paid Per Hour <u>must equal</u> total amount paid. You may photocopy a blank form, email <u>FSS@esep.org</u> or call 610-289-0114 for additional forms.

TRACKING LOG SAMPLES

PARTICIPANT'S NAME: (Person receiving the services)

CARE PROVIDER: (Person staying or doing something with the participant)

USE A SEPARATE LOG FOR EACH TYPE OF SERVICE AND DIFFERENT PERSON WHO PROVIDES A SERVICE

Start Date	Start Time (Indicate AM/PM)	End Time (Indicate AM/PM)	End Date	Number of Hours	Amount Paid Per Hour	Total Amount to be Paid	Type of Service (Family Aide/Respite)
mm/dd/yy	10 AM	12 PM	mm/dd/yy	2	\$10.00	\$20.00	Family Aide
mm/dd/yy	10 PM	6 AM	mm/dd/yy	8	\$10.00	\$80.00	Family Aide
mm/dd/yy	10 AM	2 PM	mm/dd/yy	4	\$15.00	\$60.00	Family Aide

\$160.00

Total

Start Date	Start Time	End Time	End Date	Number	Amount	Total	Type of Service
	(Indicate	(Indicate		of	Paid Per	Amount to	(Family
	AM/PM)	AM/PM)		Hours	Hour	be Paid	Aide/Respite
7/15/2023	6 AM	6 AM	7/16/2023	16	\$15.00	\$125.00	Respite
7/20/2023	6 AM	10 PM	7/21/2023	16	\$15.00	\$125.00	Respite

\$250.00

Total

IMPORTANT REMINDERS

- 1. Family members that **do not reside** with the person receiving services can provide family aide or respite.
- 2. **Family Aide** is limited to 4 sessions per month. Families need an approved innovative service request from a supports coordinator for more than 4 sessions in a month.
- 3. Family Aide can be up to 15 hours for a single session with a cap of \$125.00
- 4. **Respite Care** is any session that is over 16 hours and less than 24 hours at a time. Per FSS regulations, payment can only be made for 16 hours (see Start Dates 7/15 and 7/20 above).
- 5. When the provider is being paid directly, they must provide their social security number.
- 6. A family member and the provider must sign invoices for Family Aide and Respite.
- 7. Maximum rate per hour is \$15.00 with a cap of \$125.00 for up to a 24 hour period.