

Ridge Meadows Child Development Centre
 22610 Dewdney Trunk Road, Maple Ridge, B.C. V2X 3J9
 Phone: (604) 463-0881 Fax: (604) 463-0026

DIRECT-FUNDING RESPITE PROGRAM: FORM A FOR MONTH AND YEAR: _____
INSTRUCTIONS: Complete this form each month and submit to RMDCDC within 7 days after the last day of the month. For example your April form needs to be at RMDCDC by May 7. Please staple any receipts for additional expenses to Form A.

CHILD'S NAME: _____ PARENT NAME(S): _____ PHONE: _____

Name of Respite Worker	Address of Respite Worker	Telephone # of Respite Worker	Amount Paid	Date paid	Signature of Respite Worker

Use the form below to record any additional respite-related costs. Attach receipts.

Description of expense	Cost	Date paid

TOTAL AMOUNT PAID _____

I hereby certify that the above listed costs were incurred on behalf of my/our family in order to purchase respite care.

Parent name _____ Parent Signature _____ Date signed _____