Community Living
And Support Services

Alliance for Community Respite Care

Request for Reimbursement

Date: _____

Service Recipient (Family or Legal Guardian) _____

Check Made Payable To: _____

Name: _____

Address: _____

City, State, Zip Code: _____

Phone Number: _____

Send Service Recipient Reimbursement Invoice to: Lifespan Respite Mini Grant of CLASS
Invoice must be received within 5 days after services.

Date of Service	Description	Hours	Rate	Amount
				$
				$

_____ _____
Signature of Parent or Guardian Date

_____ _____
Signature of Respite Care Provider Date

Respite Provider: _____

Print Name and Address: _____

Alliance for Community Respite Care of CLASS
1400 South Braddock Avenue
Pittsburgh, PA 15218

Phone: 412-683-7100, Ext. 4230
Toll Free: 1-888-954-2424

Email: acrc@classcommunity.org