# EFMP Respite Care Attendance Sheet

Submit to: EFMattendance@usa.childcareaware.org

LOCATION: _____

MONTH OF CARE: _____ YEAR OF CARE: Select Year

Family ID #: _____ Sponsor Name: _____

Provider ID #: _____ Provider Name: _____

**Indicate below the day of the month care occurred and number of hours provided that day for each eligible child. Once all care is recorded for the month, draw a line through the next blank day column or indicate n/a. List each child's full legal name. CCAoA will reimburse the independent contractor for no more than the family's authorized hours per month per family.**

| | CHILD'S FIRST/LAST NAME | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Sub-Total # of Hours in Care |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | 0 |
| 2 | | | | | | | | | | | | 0 |
| 3 | | | | | | | | | | | | 0 |
| 4 | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | 0 |
| 6 | | | | | | | | | | | | 0 |
| 7 | | | | | | | | | | | | 0 |
| | **Daily Care Total** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | CHILD'S FIRST/LAST NAME | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Day 0 | Total # of Hours in Care |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | | | | 0 |
| 2 | | | | | | | | | | | | 0 |
| 3 | | | | | | | | | | | | 0 |
| 4 | | | | | | | | | | | | 0 |
| 5 | | | | | | | | | | | | 0 |
| 6 | | | | | | | | | | | | 0 |
| 7 | | | | | | | | | | | | 0 |
| | **Daily Care Total** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Parent:** I verify that I received 0 total hours of respite care on _____ days.

**X** Provider Signature _____ Date (MMDDYYYY) _____

*I, the independent contractor, certify that the provider information and attendance record entered on this voucher are true and accurate. I understand that my payment will be based on this complete voucher once received by Child Care Aware® of America staff. I further understand that any misrepresentation of information may result in legal action.*

**X** Sponsor/Legal Guardian Signature _____ Date (MMDDYYYY) _____

*I certify that the parent or legal guardian information and attendance record entered on this voucher are true and accurate. I understand that payment to the provider will be based on this completed voucher once received by the Child Care Aware ® of America staff. I further understand that any misrepresentation of information may result in legal action.*

**X** Quality Assurance Confirmation _____ Date (MMDDYYYY) _____