

State Of Nevada Developmental Services

RESPITE REIMBURSEMENT REQUEST FORM

Submit completed invoice to the appropriate Regional Center by the ___ 10th ___ of the month.

<input checked="" type="checkbox"/> Desert Regional Center 1391 S. Jones Blvd. Las Vegas, NV 89146 702-486-6368 fax	<input type="checkbox"/> Sierra Regional Center 605 S. 21st Street Sparks, NV 89431	<input type="checkbox"/> Rural Regional Center 1665 Old Hot Springs Rd, Suite 157 Carson City, NV 89706
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Name of Individual Served: _____	Case # _____
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Service Date	# of Hours/Days	Rate per Hour	Amount Due
Total Due			

Provider Name: Nanny's & Granny's Provider Phone #: (702) 364-4700
 6440 W. Coley Ave.
 Las Vegas, NV 89146

Provider Address: www.nanny4u.com

MY SIGNATURE AFFIRMS THAT ALL INFORMATION ON THIS FORM IS ACCURATE AND THAT I HAVE ADHERED TO THE TERMS OF MY CONTRACT.

Provider signature Date	PARENT/ GUARDIAN DATE
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Secondary Employment

Nevada State Administrative Manual (SAM), Section 0323, "Contracts with State Employees, Former State Employees and Secondary Employment", mandates that we confirm that Respite providers who are current and contract state employees are not providing Respite services during periods of time when they are working for other state entities. In order to verify this, we need each Respite provider to supply the following information:

During this month, I was employed by the State of Nevada in a capacity other than as a Respite Provider for a Regional Center (*check one*):
 Yes No (**NOTE: Your invoice cannot be processed if this is left blank**)

If you checked "Yes", please provide the following information regarding this employment:

Name of Agency: _____ Name of Supervisor: _____
 Supervisor's email: _____ Supervisor's Phone Number: _____

BUSINESS OFFICE USE ONLY

Data Entry	Date Received	Program Budget
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