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Bay Respite Care

**RECEIPT OF RESPITE SERVICE HANDBOOK/  
SERVICE AGREEMENT**

**Employer of Record Respite**

I designate Bay Respite Care to provide the service of Employer of Record respite to

\_\_\_\_\_  
Client(s) Name

for the specific amount of hours as authorized by the North Bay Regional Center  
in the above person's Authorization of Purchase of Service.

- I have received and read a copy of the Respite Service handbook and I agree to abide by the policies and procedures contained therein.
- I understand that if I go over my authorized hours provided by the regional center, I am financially responsible for the payment of each and every hour that I overuse of respite services. I understand that I am responsible for keeping track of my hours- my Respite Care Provider(s) and Bay Respite Care are not. I also understand that if I use the respite service when I do not have a current authorization, I will be financially responsible for the payment of each and every hour that I use. The overusage amount is not the same as the Respite Care Provider's wage. The overusage amount is currently \$14.76/hr and I understand it can change as the reimbursement rate from the Regional Center changes.  
\_\_\_\_\_ (*initial here*)
- I understand that if overusage hourly fees are not paid in a timely manner, BRC may discontinue respite services.
- If I have questions regarding the rules, policies and procedures, I will bring them to the attention of the Employer of Record Department at Bay Respite Care.

\_\_\_\_\_  
Parent/Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Manager/ Assistant

\_\_\_\_\_  
Date