



Washington Building, Capitol Square  
1100 Bank Street, 7th Floor  
Richmond, VA 23219  
1-800-846-4464 (TTY/Voice)  
[www.vaboard.org](http://www.vaboard.org)

Respite       Personal Care Attendant

### Alumni Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Vendor # \_\_\_\_\_

### Care Provider Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_  
Vendor # \_\_\_\_\_

Date(s) of Care \_\_\_\_\_ Care Provided For \_\_\_\_\_

Pay Rate/Hour    \$ \_\_\_\_\_  
No. of Hours     x \_\_\_\_\_  
Total Cost        \$ \_\_\_\_\_

I provided the care described above and have been paid by \_\_\_\_\_  
Alumni Participant

OR

I provided the care described above and have **not** been paid. Please send payment to care provider named above.

\_\_\_\_\_  
Signature of Care Provider

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Alumni Participant

\_\_\_\_\_  
Date