United Cerebral Palsy Association of Greater Sacramento, Inc.

**Family Respite Services**

4350 Auburn Blvd
Sacramento, CA 95841
Phone (916) 779-6270 ~ Respite Request Line (916) 565-7772

*Employee's Name:* _____ *Pay Period:* _____

| DATE | Client Name | Client Number | BEGINNING ODOMETER | ENDING ODOMETER | TOTAL MILES | Notes |
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Total Miles _____ X $0.49 = _____

NOTE: Any miles used during the respite are the responsibility of the family and should be paid at a rate of 49¢ per mile.* UCP suggests a rate of $1.00 per hour, per sibling, be paid directly to the Respite Worker for the care and supervision of the sibling in the home. *Subject to change according to state rates.

**ANY MILEAGE RECEIVED AFTER THE 3rd OF EVERY MONTH WILL BE HELD UNTIL PAID BY THE REGIONAL CENTER. MAY TAKE UP TO 45 DAYS.**

PLEASE PRINT CLEARLY