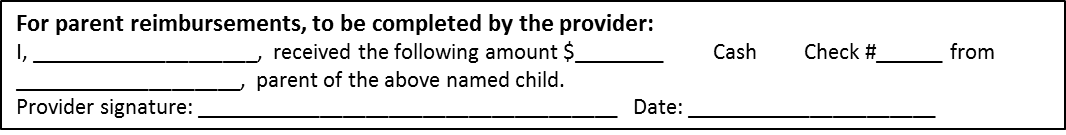
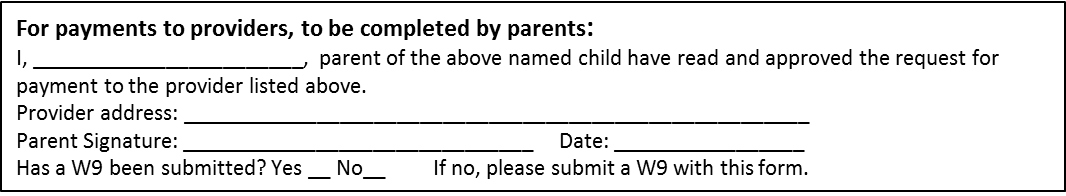
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| --- | --- |
| Provider Name: |  |
| Type of service provided: | Respite  Adaptive Childcare |
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| Child’s Name: |  |
| Parent Name: |  |



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| Date of Service | Start Time | End Time | Total Time | Cost per Hour | Total Cost |
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|  | | | | Total Amount: |  |

