## Independent Contractor Estimate for Services- Examples

Applicant's Name:	
Respite Provider's Name:	
Rate:	
Dates of Service:	
Signature of Provider:	
Signature of Applicant or Guardian:	
OR	
I,(Name of Respite provider, will be providing respite for(Name of Applicant), at a rate of(Rate amount per day/hour/week)  These services will occur from(Beginning Date)_ until _(End Date)  Signature of Provider: Signature of Applicant or Guardian:	

By completing this invoice, you are also agreeing that you are not legally and/or financially responsible for the person in which you are providing the respite for.