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AIM SERVICES, INC.
The power of potential

Martin Glastetter
President, Board of Directors

Christopher R. Lyons, Esq.
Executive Director

Self Direction Family Reimbursed Respite Log

(Please include AM/PM designation on times)

Date of Service	Start Time	End Time	Total Cost

Total Reimbursement Amount Requested: _____

I certify that the hours submitted for reimbursement are a true and accurate reflection of services received and that the services were provided.