THE ARC OF OAKLAND COUNTY – SHARED PARENTING VOUCHER/INVOICE

Co-Parent Information:

Co-Parent Name – (as should appear on check)

Address

City State Zip

Daytime Phone Number

Participant Information:

Participant Name & MORC Client Number

Address

City State Zip

Daytime Phone Number

Service Date & Time				Number Hours/Days	Rate	Ability to Pay	Total Due
Date	Start Time	Date	Stop Time				

Co-Parent Signature and Date

Send or fax completed form to:
The Arc of Oakland County
1641 W. Big Beaver Road
Troy, MI 48084
248.816.1906 (FAX)

Participant/Guardian Signature & Date*

*I assure that the Co-parent meets the qualifications listed on the back of this form.