

Respite Care Program Reimbursement Request

Name of Foster Parent Utilizing Respite Care		
Address		
Phone Numbers	Home:	Cell phone:

RESPITE CARE PROVIDER INFORMATION

Name		
Address		
Phone Number(s)	Home)	Cell)
Is the provider a	County License Foster Home <input type="checkbox"/>	Daycare Facility <input type="checkbox"/> FFA Home <input type="checkbox"/>
	Certified Respite Care Provider <input type="checkbox"/>	
Are you utilizing the Prudent Parent Law?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

There are 200 hours allowable for Respite Care per fiscal year. Forms MUST be submitted no later than 30 days after the respite has occurred. There is an additional 21 hours available for training per fiscal year.

Name(s) of Child(ren)	Age	Date of Care	Start Time	End Time	Total Hours	Respite	Name of Training
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	
						<input type="checkbox"/>	

Reimbursement Chart

1 child	2 children	3 children	4 children	5 children	6 children
\$6.00/hr	\$9.00/hr	\$12.00/hr	\$15.00/hr	\$18.00/hr	\$21.00/hr

Total Respite Hours Requested		Total Training Hours Requested	
Amount per hour \$	X	hours = \$	

I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE LEFT MY CHILD/REN IN RESPITE CARE FOR THE ABOVE MENTIONED DAYS AND TIMES.

Foster/Adoptive Parent Signature		Date	
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I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE PROVIDED RESPITE CARE FOR THE ABOVE MENTIONED DAYS AND TIMES.

Respite Care Provider's Signature		Date	
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FOR INTERNAL USE ONLY

Was the respite care provider verified through Licensing Worker? _____ Yes _____ No

Was Respite care provided under Prudent Parent Law? _____ Yes _____ No

Total of respite hours remaining as of this request: _____

Approved _____ Denied _____ Amount \$ _____ Reason: _____ _____	Date		
Respite Care Coordinator's Signature		Date	