

Respite Payment Form

The Respite provider should print this form and take it with them when going to a house to provide respite, or have it with them when a parent drops children off for Respite. The parent should fill the form out completely, then you (the Respite provider) must mail it to the "mail to" address, in order to get paid.

Mail to: _____ (FDS or Subsidy Worker)

Address: _____

From: _____ (Respite Provider)

Address: _____

Phone: _____

DVN: _____

Instructions for foster parents: Please complete this form when placing children in respite care. Indicate the type of child you are placing for respite care, i.e. traditional, behavioral, career, or adoption. (Adopted children who are approved for respite through adoption subsidy must be submitted on a separate form to your adoption subsidy worker.) **Note:** Respite providers must use a separate form for each foster family for whom you provide respite. Forms are to be submitted to the foster families' FDS or adoption subsidy worker listed above for payment.

Child's Name	Traditional	DCN	Date Arrived	Time Arrived	Date Departed	Time Departed	Foster Family
	Behavioral Career Adopted						

Foster Parent Signature _____ Date _____

Respite Provider's Signature _____ Date _____

FDS Signature _____ Date Received by FDS _____