



REQUEST FOR RESPITE CARE

Name of Parent or Foster Parent _____

The best time to reach me is _____ AM/PM Telephone _____

Address _____

I request respite care for _____ (child;s name)

from ____ / ____ / ____ (date and time) to ____ / ____ / ____

Will the child need transportation to/from the respite care provider? ___ no ___ yes

Has this child already had respite care this calendar year? ___ no ___ yes

If yes, how many days? _____

If child has had respite care before, would you request that placement be tried with the same provider? ___ no ___ yes

Enter the name of the provider you are requesting: _____

Length of time child has been at your home: _____ D.O.B of Child ____ / ____ / ____

Who is the family's CPSW/JPPO? _____

Name of Doctor _____ Telephone: _____

Current illnesses and ongoing medical conditions: _____

Allergies:

	Yes	No	Unknown	Comments
Food				
Pets				
Others				

Does child experience motion sickness? cars ___ boats ___ trains ___

Fears: _____

Is discipline a problem? ___ no ___ yes _____

Siblings ___ no ___ yes Are Siblings receiving respite care also? ___ no ___ yes

Names and ages _____

The important behaviors and special qualities I want you to know about my child are

Daily Routine:

Wakes at _____ AM	Goes to bed at _____ PM
_____ Sleeps in a bed	_____ Sleeps in a crib
_____ Morning bath/shower	_____ Evening Bath/Shower
_____ Naps	_____ Says prayers
_____ Night Light	_____ Other sleeping aids

Special Activities that may be scheduled during the day (i.e., swimming lessons, girl/boy scouts, doctor or dentist, counseling). Provide date, time, location, telephone number, and duration.

Foods – List a few things that child is accustomed to eating that the respite care provider may choose to have on hand.

Enjoys	Dislikes

Other notes/observations that may help respite provider make the time more comfortable and enjoyable.



Instructions to the "Request for Respite Care"

PURPOSE:

The "Request for Respite Care" is used to identify the most appropriate provider of respite care service by matching the child's need to the available pool of licensed foster parents.

INSTRUCTIONS:

Form RRC is a 2-page form completed by the parent, relative, or foster parent who is requesting respite care. The CPSW/JSO must supply copies of the form to the parent, relative, or foster parent. The information will be made available to the provider to afford a smooth transition and exchange of information between the parent and the provider.

The form will provide customary care and routine procedures as well as emergency information that may be necessary.

FORM COMPLETION:

- 1 Enter the identification information.
- 2 Fill in the blank.
- 3 Check all that apply.
- 4 Return the completed form to the CPSW/JSO prior to the authorization of the service.

RETENTION :

Form RRC is retained in the case record or file.