



Foster Care Select Respite Care Approval Form

This form is to be filled out by the parent requesting respite and taken with the children to the respite home to provide emergency information, along with medication sheets when applicable. Respite provider should return form when respite is completed.

Name of Foster Home where children reside _____
Address _____
Phone _____ Cell Phone _____

Name of children to be in respite care and service level:

- 1. _____ Level _____
- 2. _____ Level _____
- 3. _____ Level _____
- 4. _____ Level _____
- 5. _____ Level _____

Name of Respite Foster Care Provider _____
Address of Provider _____
Phone _____ Cell Phone _____

Where is Respite to occur?

- In My Home
- At Respite Care Home

Date and Time to be Taken to Respite Provider _____ at _____ a.m./p.m.

Date and Time to be Picked Up from Respite _____ at _____ a.m./p.m.

EMERGENCY INFORMATION:

Foster Care Select Emergency Number: 1-765-465-8328

Children's County Caseworker _____ Phone _____

Physician's Name and Address _____

Physicians Phone _____

For each child listed below, please note if there are medications, allergies, suicidal behaviors, runaway issues, fire setting, animal abuse, aggressive behaviors, or sexual behaviors. Please include dates and times of any visitation, appointments, or activities that respite provider will be responsible to manage.

Child Name:

Child Name:

Child Name:

Child Name:

Child Name:

Respite Care Provider Signature _____

Foster Parent Signature _____

Foster Care Select Staff Approval _____

Date Submitted _____