



Foster Care Select Respite Care Payment Form

This form is to be filled out by the respite care provider and turned in to Foster Care Select staff when respite as been completed. The maximum amount paid for respite care will not exceed the child's daily per diem for each day.

Name of Foster Home where children reside _____

Name of children 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 _____

Where did Respite occur?

- In Foster Home where children live.
- At Respite Care Home

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

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

Respite Care Provider Signature _____

Foster Parent Signature _____

Foster Care Select Staff Approval _____

Date Submitted _____