



ADOPTION RESPITE REQUEST

Fill out the form below, filling out this form does not guarantee respite availability.

CHILD & PARENT INFORMATION

• Childs Full Name:

• Date of Birth:

• Male/Female/Intersex

• City/State

• Pronouns:

• Parent Name:

• Phone Number:

• Email Address:

• Adoption worker (NA if you do not have one)

I confirm my child has an active medical subsidy case and will provide it to the agency.

Yes

No

EMERGENCY CONTACT

• Name:

• Phone Number:

Respite Dates & times

Start Date

Drop off Time

End tate

Pick up Time

REASON FOR RESPITE



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Helpful information

Racial, cultural, ethnic and religious details:

Gender identity & Sexual/attractational orientation

Briefly describe child's personality, strengths, likes and dislikes, relevant habits or routines, any aversions, or fears:

Allergies

Okay with dogs or cat?

Behavioral/mental health needs:



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Daily Medication Daily medical care/personal care assistance required:

List any appointments (medical, therapeutic, educational, extracurricular, sports, tutoring, etc. (answer only if applicable and will need to occur during the child's respite stay)

EDUCATION (answer only if applicable and will need to occur during the child's respite stay).

Child's School Name _____

Address _____

Childs Grade _____

Is transportation required to and from school?

Yes

No

Respite Providers Information

Respite Providers name _____

Contact Information _____

For Adoptive parent By signing below, I agree to the following:

- I will ensure an appropriate level of care and supervision for the child in my selection of respite services.
- I will notify the agency of any extended overnight period when the foster child will be out of the home for a period exceeding three days.
- I will check in daily by phone with the respite provider and child, if age appropriate.
- will pick the child at the agreed upon date and time ending the respite period.
- I have provided accurate information about the child's needs and case plan.
- A copy of the health insurance cards was provided to the respite provider.
- If I misrepresent the number of respite days available, I acknowledge that I will be responsible for reimbursing Heart for Home for any respite days used beyond the twelve (12) days per quarter for which my child is eligible.

Signature Adoptive Parent

Date

For Respite Provider By signing below, I agree to the following:

- I am a licensed respite provider and my license is in good standing; or I am an unlicensed provider and have provided accurate data for criminal history and central registry checks.
- I understand and am comfortable with meeting the child's needs and with completing any required activities during the planned respite period.
- In the event of an emergency or circumstance that prevents the placement provider from picking the child up at the scheduled time, I will contact the emergency number immediately.
- I have been notified of any safety plan related to the child's case plan.
- I have been informed of and agree to the agency confidentiality policy.
- I understand and agree that an agency representative may visit my home and require contact with the child during the respite period.
- I will not release the child to any unapproved individuals.

Signature of Respite Provider

Date