

RESPITE FORM

To be filled out by the child's foster parent when the child is in respite

Person Completing Form _____ Date _____

Name of Child _____ DOB _____ Dates of Stay _____

Ariel Case Manager _____ Phone _____

County Case Manager _____ Allergies _____

MEDICATIONS:

- ≤ None
- ≤ Medication
 - _____
 - _____
 - _____
 - _____
- ≤ Medicaid card

Special Instructions _____

SCHEDULE:

- ≤ Transportation Needed
 - _____
- ≤ Supervised Visits
 - When _____
- ≤ Coach
 - Coaches Name _____
 - Phone Number _____
 - Scheduled time _____
- ≤ School
 - Name of School _____
 - Time School Starts /Ends _____
 - Teachers Name _____
 - School Activities _____
 - Name of Daycare _____
 - Phone number _____
- ≤ Therapy
 - Name of Therapist _____
 - Address _____
 - Scheduled date and time _____
- ≤ Other _____

SLEEP / FOOD / TOILET ISSUES:

- ≤ Blanket or stuffed animals
- ≤ Bedwetting
- ≤ Nightmares
- ≤ Potty Training
- ≤ Hiding Food
- ≤ Hording Food
- ≤ Other _____

RISKS

- ≤ Sexual Concerns
Explain _____
- ≤ Behavior Concerns
Explain _____
- ≤ Mean to animals
- ≤ Line of sight supervision

Explain _____

≤ This child has **NO CONTACT** with:

SIGNATURE: _____ **Date** _____

RETURN FROM RESPITE

THIS PAGE IS TO BE FILLED OUT BY THE PERSON DOING RESPITE:

This foster home agreed to do respite for _____ to care for _____
(Foster Home) (Name of foster child(ren) in respite)

from _____ to _____. I received all the information I needed and there
(Date placed) (Date picked up)

were no incidents while in care.

- ≡ Appropriate clothes & Supplies (diapers, formula, coats, shoes)
- ≡ Medication, instructions & Medication log
- ≡ Medicaid card
- ≡ The time of drop off and pick up were as previously discussed
- ≡ Coach Time Schedule
- ≡ Supervised Visit Schedule

Significant behavior concerns of youth: _____

Other comments: _____

Signature

Date