

H.O.P.E. INC
PREPARATION FOR RESPITE CARE

(Instructions: Primary treatment foster parent is to complete with CM. Both respite and primary parents need to set up child drop off. When respite is completed respite parent returns document to HOPE Inc. Respite parents are to follow the instructions below and contact the CM or primary parent if changes are needed).

Primary Foster Parent(s) is responsible for providing the identified information to Respite Parent for the following named child:

NAME OF CHILD: _____ D.O.B.: _____

PRIMARY FOSTER PARENT(S): _____

ADDRESS: _____

PHONES TO BE REACHED AT: _____

RESPITE PARENT _____

This agreement will begin on (Date & time): _____ and remain in effect until (date & time): _____.

Please check one of the following (Respite is \$50 per 24-hour period):

_____ Planned Respite. _____ Administrative Respite (Prorated) _____ Other reimbursement

Other reimbursement: _____

CASE MANAGER: _____ CELL PHONE: _____

LEGAL CUSTODIAN: _____ ON CALL#: 877-660-8261

1. Respite Guidelines: Curfew/Privileges/Expectations/Phone use: _____

2. Child's Behavior/Medical Concerns: _____

3. Any known allergies/favorite foods/does not eat _____

4. Contact with family: _____

5. Contact with friends: _____

6. Allowance provided, amount: _____

7. Medication(s) & Dosage Instructions: _____
(Medicaid Card Attached)

Primary Parent Signature: _____ Date: _____

Respite Parent Signature: _____ Date: _____

Worker Signature: _____ Date: _____

Use reverse if needed