**Respite Procedure**

749.2621 **What are respite child-care services?**

(a)Respite Child-Care Services are planned alternative 24-hour care that has the purpose of providing relief to the child’s primary caregiver.

(b) Respite child-care placement is a placement that lasts more than 72 hours. The placement of a child in a home for less than 72 hours is not respite child-care.

749.2623. **You must notify the child’s parent (CPS) before placing the child in respite child-care**

1. Complete and submit a Respite Request Form at least 7 days prior to occurrence of respite.
2. Complete and sign the Respite agreement after approval
3. Leave a copy of the signed agreement with the respite provider
4. Give a copy to your case manager
5. Keep a copy for yourself in each child’s folder
6. Give a respite folder to the respite provider
7. At the end of the respite, collect the respite folder from the respite provider.
8. Submit all documents to your case manager at the end of the month

**Respite Folder Contents**

* 1. Respite Agreement
	2. Medication Regimen Log
	3. Incident Report Form
	4. Runaway Report Form
	5. EBI Restraint Form
	6. Weekly Progress Form
	7. Medicaid Card
	8. Medical Authorization

**ASSURING LOVE CHILD PLACEMENT AGENCY**

**Respite Request Form**

* Respite must be approved by the Executive Director at least 7 days prior to the occurrence of respite.

Foster Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Foster Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Respite: Beginning \_\_\_\_\_\_\_\_\_\_\_\_ Ending \_\_\_\_\_\_\_\_\_\_\_\_

Request for the following Child (ren):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Requesting Respite**: Regular \_\_\_ Emergency \_\_\_ Behavioral \_\_\_\_ Other \_\_\_

Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Respite Provider Information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respite Provider Information on File? Yes \_\_\_ No \_\_\_(if no, explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Respite Information**:

Respite will be provided in the: Foster Home \_\_\_\_\_ Respite Provider’s Home \_\_\_\_\_

**Foster Parent Information**:

Where and how can you be reached in case of emergency?

Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back up respite plan: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Approved

\_\_\_\_ Not Approved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director Date

CPS Worker Notified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_

**Assuring Love Child Placement Agency**

**Foster Family/Babysitter/Respite Placement Agreement**

**Assuring Love Child Placement Agency is authorizing a Respite Placement in the home of**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_ at \_\_\_\_\_\_\_ am/pm.**

**Foster Family/Babysitter/Respite Provider Acknowledgement:**

* I understand that TDFPS has managing conservatorship of the child named above and, by law, has both the right and responsibility for making placement decisions and determining permanent plans in the best interest of the child.
* I understand that Assuring Love Child Placement Agenc, is my licensing Child Placing Agency (CPA) and, by law, has the right and responsibility to place and remove a child from my home.
* I understand that it is my responsibility to provide adequate room and board, daily supervision and physical care for the child named above in accordance to minimum standard.
* I understand that it is my responsibility to make the necessary arrangements for the daily physical care of the child, including day care, schooling, medical, social, and transportation needs.
* I understand that in order to ensure the continuity of care, it is my responsibility to adhere to all policies and procedures regarding all areas of documentation and child care including, but not limited to discipline and behavior management, dispensing of medication, supervision, Emergency Behavior Intervention, handling and reporting emergencies, serious incidents and significant events occurring during the time of the respite.
* I understand that it is my responsibility to secure appropriate medical and dental care according to the THSteps Medical Services schedule, the TDFPS minimum standards, and as recommended by a licensed, practicing physician. I further understand that I will be responsible for any medical expense incurred that is not covered by STAR Health Medicaid.
* I understand that it is my responsibility to maintain all policies and procedures of Assuring Love Child Placement Agency, as well as the TDFPS Minimum Standards for CPAs, TDFPS Contract Agreement, and the Assuring Love Child Placement Agency, Foster Parent/Agency Agreement previously signed and on file.
* I understand that this agreement between respite provider, the foster family, and Assuring Love Child Placement Agency, is voluntary and is being executed to serve the best interest of the child, and that Assuring Love Child Placement Agency is not responsible for the reimbursement for this respite services.
* I understand that the reimbursement for this respite services is negotiated between the foster family and the respite provider, and that the foster family needing the services is solely responsible for paying the respite provider the agreed amount up front in advance or at the time of respite placement.
* I understand that the foster family needing respite must pick up the child (ren) at the agreed upon time. (example): drop off at 6 pm on Friday, and pick up at 6 pm on Sunday). Respite services extending beyond 12 midnight is counted as a full day.
* I further understand that failure to pay up for respite services provided may result in the foster family having the child(ren) removed from the home.
* The Child Placement Management Staff has determined that this respite placement will not cause a conflict in care for any child already placed in this foster home.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Respite Provider Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Foster Parent Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Case Manager Date**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Licensed Child Placement Agency Administrator Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Executive Director Date**

* Respite provider must sign. A copy of this agreement must be sent to the Agency prior to, or at the time of the occurrence of respite.

**Information about Child**

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Referring Agency:** (check one) \_\_\_TDFPS \_\_\_ Other

**DOB**: \_\_\_\_\_\_\_\_\_\_\_\_**Birthplace**: \_\_\_\_\_\_\_\_\_\_**Gende**r: \_\_\_\_\_ **Race**: \_\_\_\_\_\_\_\_ **Religion**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal Status** :( check one) \_\_\_**TMC** \_\_\_**PMC** **Level of care**: (check one) \_\_\_ **B** \_\_\_ **M** \_\_\_ **S**

**Medical Information:**

Primary Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic Medical Condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Psychiatric Diagnosis; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Medication/Reason/Side Effects:

|  |  |  |  |
| --- | --- | --- | --- |
| Medication Name | Dose/Time | Reason for Medication | Possible Side Effects |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Child’s Immediate Medical Need (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Possible Behaviors to Expect (**check all that apply**)**

 \_\_ Physical Aggression \_\_ Profanity \_\_ Excessive Whining

\_\_ Sexual Acting Out \_\_ Lying \_\_ Refusal to take Medicine

\_\_ Suicidal Ideation/Attempts \_\_ Explosive Outburst \_\_ Refusal to Eat

\_\_ Run –away behaviors \_\_ Teasing/Bullying \_\_ Overeats

\_\_ Enuresis \_\_ Stealing \_\_ Refusal to bathe

\_\_ Defiance/Oppositional behavior \_\_ Encopresis \_\_ Problem with bedtime

\_\_ Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appointments:**

Please indicate relevant appointments that are due during this respite period:

\_\_ Doctor’s Appointment Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Court Appointment Date: \_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Therapy Date: \_\_\_\_\_\_\_\_\_\_Time: \_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_ Family Visit Date: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

Foster Family: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Manager:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CPS Case Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Complete and attach a copy of **Information about Child** page for each child. needing respite

Created 11/9/11