Name of Respite Provider:

Address of Respite Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child: DOB: \_

Name of Primary Foster Home: \_\_\_

Daily Rate: Amount to Pay:

 *\*Refer to back of page Daily Rate x Number of Nights*

Was this respite approved by the child’s CPST? [ ]  Yes [ ]  No

Type of Respite: [ ]  Overnight Respite [ ]  Day Respite

Date respite began:

Date respite ended:

Did you receive the Child Information Form? [ ]  Yes [ ]  No

***CHILD INFORMATION -- Please complete if updated/changed from Child Information Form***

County of Custody: Cuyahoga County Hotline Number: 216-696-KIDS

If other: Hotline:

Medical Information (including healthcare provider, medications and allergies): [ ]  No Change

 Are the child’s immunizations current? [ ]  Yes [ ]  No

Behavioral / Emotional Characteristics / Needs: [ ]  No Change

Educational Information (school name & phone number, classroom setting, concerns) [ ]  No Change

Other needed information / concerns (such as special bedtime routine, etc.)  [ ]  No Change

**RESPITE SUMMARY**

Please check:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Good | Fair  | Poor |
| Sleeping |  |  |  |
| Eating |  |  |  |
| Behavior |  |  |  |
| Took all medication? |  |  |  |

Any concerns identified?

Positive aspects of respite / other comments

Signature of respite provider Signature of primary foster parent

Signature of Division Director Date received by Division Director

* The primary foster parent is responsible for locating an appropriate respite provider. Once a respite provider is located, the primary foster parent must get approval from the therapist or case manager for the scheduled respite.
* It is the respite foster parent’s responsibility to know how many children and for what ages they are licensed.
* Applewood Centers provides a certain number of respite days for each child in care, depending on the child’s level. The number of respite days provided are as follows:

Level 1 – 2 respite days per month

Level 2 – 2 respite days per month

Level 3 – 4 respite days per month

Level 4 – 4 respite days per month

If additional respite days are utilized, the payment will come out of the primary foster parent’s per diem.

* Day respite may only be used with prior approval from the child’s therapist, case manager or the Division Director.
* Applewood Centers will provide a copy of the Child Information Form for each child eligible to receive respite upon the initial respite stay. The primary foster parent will update the Child Information section on the Respite Payment Request for each subsequent respite stay. If there are no changes to the child information, please check the “no changes” box.
* The respite provider should count each overnight as a day’s payment.
* Once the respite is completed, the respite care provider *must receive a signature* from the primary foster parent to verify that the respite took place.
* The person providing respite is required to fill out the respite sheet and submit it to the Division Director, by ***noon the first business day of the following month at* the latest**. You may email these forms to Alex Baker at bakera@applewoodcenters.org or you can mail these forms to 10427 Detroit Ave. Cleveland OH 44102 or fax them to (216) 521-6006. If the respite sheet is not submitted in a timely manner, or is incomplete, the respite provider will not receive reimbursement.
* If there are any questions regarding payment, foster parents should contact Alex Baker, Clinical Supervisor, at 216-487-1457.
* The respite provider is responsible for the child during the respite time frame and should handle any crisis with the support of the emergency on call staff. The after-hours emergency phone number is 216-978-4388.