

Agape Manor Home



Child Placing Agency

Respite Request & Plan

Foster Family requesting Respite: _____ Date Submitted: _____

Reason for Respite: _____

Respite Provided by: _____
Name of family / care giver providing Respite Care

For Child(ren) Names: _____

Requested Dates: _____ through _____ Total Number of Nights: _____

Beginning Date _____ Ending Date _____

Respite shall be provided at the following address

Foster Parent's Home

Approved and Verified Respite Provider's Home

Address

City

Zip Code

Telephone Number(s)

In Case of Emergency: Emergency Contact Information for Foster Parent(s)

Telephone Number(s)

Other Contact Name and Number(s)

Child can only be transported by an approved designee

Foster parent name

Case manager name

CPS caseworker name

Respite provider name ONLY

Transportation Plan

- Respite provided in foster parents home-No transportation needed.
- Drop off: The approved designee _____ shall transport
Approved Designee Name
_____ to the **above address** at _____ on _____.
Child's Name Time Date
- Pick up: The approved designee _____ shall transport
Approved Designee Name
_____ to the **foster family home** at _____ on _____.
Child's Name Time Date

Signature of Respite Provider: _____

Signature of Foster Parent: _____

Respite Approved **Respite Denied**

Signature of AMH Supervisor _____ Date _____

COMMENTS: _____

The foster family must submit the form to the Agape Manor Home CPA Case manager 7 days prior to the respite being taken for approval.

Faxed to CPS Caseworker on _____ Faxed to Foster Parents on _____