

## Respite Care Agreement

This will serve as a respite care agreement between:

\_\_\_\_\_ (Respite Care Provider) and  
\_\_\_\_\_ (Foster Parent) for  
\_\_\_\_\_ (Foster Child).

\_\_\_\_\_ (Respite Care Provider) will provide respite services for \_\_\_\_\_ (Foster Child) from \_\_\_\_\_ (Date) to \_\_\_\_\_ (Date). The payment of \_\_\_\_\_ will be paid for each overnight spent in the respite foster home. The payment of respite care services will be paid to \_\_\_\_\_ (Respite Care Provider) as follows (Circle One): Directly between Foster Parent and Respite Care Provider or From the Foster Parent Per Diem Check to the Respite Care Provider's Per Diem Check.

If payment of respite care is to be taken directly from the Foster Parent Per Diem Check to the Respite Care Provider's Per Diem Check this form will be submitted to the Youth Specialist by the fifth of the month.

\_\_\_\_\_ (Foster Parent) will provide any information necessary for the care and supervision of \_\_\_\_\_ (Foster Child), medical card, medication, clothing, hygiene necessities, etc.

Information:

\_\_\_\_\_ (Foster Parent) will have respite plan approved by Youth Specialist prior to service being provided.

\_\_\_\_\_  
Foster Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Respite Care Provider Signature

\_\_\_\_\_  
Date