

APPROVAL OF RESPITE CARE HOURS REQUEST

*All Respite care request for over 72 hours and extra hours will need approval by RFA Division Manager. **Requests must be submitted 30 days prior to your trip or event.** Prior to submitting this request, please obtain approval from your foster child's social worker that you are leaving your child/ren under respite care. Submit your request to the Respite Coordinator by email to: rass@senecacenter.org. **Keep in mind that 10pm – 6am are not reimbursable hours.***

Name of Resource Parent			
Contact Info	Cell:	Email:	

Utilize over than 72 hours Request additional hours

Name of Child	Age	Foster	Adopted	Guardianship	Birth
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Dates of respite:	Time:	through	Time:
The destination and reason the child/ren need respite is: _____			

Hours being requested	Available Hours	Total of hours left
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Why are the child/ren not accompanying you to your destination? _____

Name of Respite Provider	Cell #
Describe the responsibilities of the respite care provider (visits, therapy, activities, etc.)	

What is the backup plan if request is denied or respite care provider is unable to continue to care for the children?

Resource Parent Signature	Date
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Approval Staff:

Respite Care Coordinator Signature	Date
RASS Supervisor Signature	Date
RFA Division Manager Signature	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	