

LCCS RELATIVE CAREGIVER RESPITE REQUEST

Request needs to be given to the DFS Assistant Manager at least five days before respite needs to take place.

CASEWORKER	CASE NAME	SACWIS #
NAMES OF CHILDREN NEEDING RESPITE		WHEN WILL RESPITE BE REQUIRED? (List dates)
NAME OF RESPITE PROVIDER	RELATIONSHIP TO CHILDREN	SOCIAL SECURITY #
ADDRESS		PHONE NUMBER
<input type="checkbox"/> Proposed provider's name checked in clearing by WOR <input type="checkbox"/> Site/Safety completed by WOR <input type="checkbox"/> Proposed provider's police check completed by WOR <input type="checkbox"/> Discussion regarding reimbursement/payment (\$20/day per child)		
If already being provided, does LCCS day care need to be stopped during respite? No, provider notified of plan Yes, provider and LCCS day care worker notified of plan N/A		
Number of times respite has been provided to relative in the past six months: _____		

(No more than three respite requests in a six month period will be approved.)

CASEWORKER SIGNATURE

DATE