

**LCCS Treatment Foster Care
Respite Information Sign-off Sheet**

Child: _____ DOB: _____

Treatment Parent: _____

Phone Number (where treatment parent can be reached): _____

Respite Begins _____ Respite Ends _____

Please check the following information that was included in the Respite Folder for the Respite Provider:

- _____ Child Characteristic Inventory
- _____ Health Passport/Medical Information Report
- _____ Case Plan Visitation Schedule
- _____ Medical/Education Form (JFS 1443)
- _____ Juvenile History
- _____ House Bill 173 Information (recommendations from professionals)
- _____ Treatment Plan
- _____ Social History Face Sheet (child abuse history)
- _____ Emergency Medical/Dental Consent Forms for the child
- _____ Updated information on the child

Explanation of any information not provided/checked in the above boxes:

In addition to the information regarding the child, the Respite Folder also shall include:

- _____ LODES
- _____ Unusual Incident Reports
- _____ Emergency Contact Number for Treatment Foster Parent and agency staff
- _____ Medication Instructions

(Note: Medication should be in the bottle from the pharmacy and delivered from adult to adult versus by the child or packed into an overnight bag.)

As the Respite Provider for this child, I acknowledge that I have received, read, and understand the following information. I was given the opportunity to ask any questions prior to accepting this respite placement in my home.

It was reviewed with me by:

Foster Care Worker

Date

Respite Provider

Date

Address of Respite Provider