

# REQUEST FOR RESPITE / LEAVE FROM A FOSTER HOME

Name of child \_\_\_\_\_

SACWIS Person ID : \_\_\_\_\_

D.O.B. \_\_\_\_\_

Daily respite rate \_\_\_\_\_

Number of respite days \_\_\_\_\_

Dates of respite \_\_\_\_\_ to \_\_\_\_\_

Name of child \_\_\_\_\_

SACWIS Person ID: \_\_\_\_\_

D.O.B. \_\_\_\_\_

Daily respite rate \_\_\_\_\_

Number of respite days \_\_\_\_\_

Dates of respite \_\_\_\_\_ to \_\_\_\_\_

### GOING FROM:

Treatment Foster     General Foster     Other: \_\_\_\_\_

Foster home name \_\_\_\_\_

Provider ID: \_\_\_\_\_

Phone #: \_\_\_\_\_

### GOING TO:

#### Type of Alternative Care:

Treatment Foster     General Foster     Other: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Phone #: \_\_\_\_\_

Non-licensed provider name \_\_\_\_\_

(Attach Request for Funds)

Address/SS# \_\_\_\_\_

Phone #: \_\_\_\_\_

Reason for Alternative Care: \_\_\_\_\_

Will there be a Board Bill interruption?  Yes     No    Dates: \_\_\_\_\_

DFS Worker: \_\_\_\_\_ DFS Supervisor: \_\_\_\_\_

Caseworker requesting: \_\_\_\_\_ Ext. \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

If Treatment home, Manager's Signature: \_\_\_\_\_

Respite Confirmed

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

Email: \_\_\_\_\_