**Georgia Hope Inc.**

**Respite Placement Form**

**Form must be completed prior to placement of child by foster parent. Provide completed form to respite parent.**

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| --- | --- |
| **Foster Parent**: | **Approved Respite Parent**:  |
| Contact No. | Contact No. |
| Address: | Address: |
| City, Zip | City, Zip |
| **From (Date):** | **To (Date):** |
| From (Time) am/pm | To (Time): am/pm |
| **Agency Case Worker Name:** | **Contact No.** |

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| --- |
| **Child’s Full Name:** |
| DOB: | Medicaid #: |
| Reason for Care (if applicable) vacation, relief, etc.: |

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| --- |
| **Medication:** Yes No *Medication must be in original bottle.* |
| **Name of Medication(s) & Frequency of Each** |
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| **Describe Behaviors and Triggers:** |
| **Special Dietary Considerations:** |
| **Other Comments:** Include fears, ie. Dogs, cats, etc. |

|  |  |
| --- | --- |
| **Foster Parent Signature** | **Date**  |

**RESPITE PARENT COMMENTS:**

**Document Medication Administration** (Add additional pages if necessary)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Medication** | **Date** | **Amount** | **Time** | **Time** | **Time** | **Time** | **Time** |
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**Respite Parent Comments During This Respite Visit:** (Describe Behaviors)

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|  |

 **Respite Provider Signature**

|  |  |
| --- | --- |
| **Signature** | **Date** |

*Respite reimbursement will be paid to the respite provider. Respite requests must be made at least 2 weeks in advance. Reimbursed requests must be made 30 days in advance. Care provided after 7pm is an additional day of care.*

**Respite Placement Form Instructions**

Instructions:

**Respite Placement Form**. This form should be completed prior to any respite placements including overnight prudent parenting. It provides the respite and prudent parent necessary information about your child or children. This form must accompany the child.

Please review the form and be prepared to submit the completed form for each child to the respite or prudent parent providing the services. Medication must be sent in the proper casing provided by the pharmacy. Include any additional instructions on the Respite Placement Form. The parent providing care services should remember to document medication administered and behaviors during the child’s stay.

Respite and prudent parents should **return** the completed signed form back to the foster parent on the return of the children from respite and prudent parenting care.

Respite reimbursement will be paid to the respite provider. Respite requests must be made at least 2 weeks in advance. Reimbursed requests must be made 30 days in advance and will be paid once funds are received form the State which may take up to 45 days. Care provided after 7pm is an additional day of care.

Thank you for caring for Georgia’s Children!!