

**Georgia Hope Inc.
Respite Placement Form**

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

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.

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

Medication: Yes No <i>Medication must be in original bottle.</i>		
Name of Medication(s) & Frequency of Each	Frequency	Dosage

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 there is only 10 days allowed for the year. Care provided after 7pm is an additional day of care. It may take 45 days after respite is complete for primary caregiver paid respite.

List School and Daycares Child attends. (Please include name, address, phone number, contact person, and day and time the child attends.) **Did you inform them in person and in writing that you will be travelling and the Respite Parent that will be doing the pickup?**
_____ **Did you change the bus route if applicable?** _____

Describe Behaviors and Triggers:

Special Dietary Considerations:

Other Comments: Include fears, ie. Dogs, cats, etc.

List appointments Child will have while in respite, i.e. therapy

Please list below DFCS CM, Behavior Aid, Therapist and other individuals on the Child treatment team that will be reaching out to you

Foster Parent Signature

Date

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RESPITE PARENT REPORT:

Receiving and Returning the Child

What Date and Time did you receive the child? From Whom?
Did you receive enough Medications for the period the child was in respite?
If no explain the plan to obtain medications:
Was Medication in its proper package?
Did you evaluate the clothing and see child had an appropriate outfit for each day of being in respite?
Did you evaluate the child? Did you have any concerns?
If yes explain:

Respite Parent Comments During This Respite Placement (Describe Significant Events Behaviors and Interventions)

List any visit or appointments child had while in your home.
What Date and Time did you Return the child? To Whom?

Document Medication Administration (Add additional pages if necessary)

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MONTH: YEAR:		MEDICATION ADMINISTRATION LOG 1/2020 CHILD'S NAME:							
FOSTER PARENT NAME				ALLERGIES		Y N			
MEDICATION NAME	(1)	(2)	(3)	(4)					
PURPOSE:									
PRESCRIBING DOCTOR									
STRENGTH (mg)									
AMT/ METHOD Tab, liquid									
FREQUENCY 1x, 2x, 3x, etc.									
OTC?: Over the Counter	YES	NO	YES	NO	YES	NO	YES	NO	
PRN=As needed	PRN?	Y	N	PRN?	Y	N	PRN?	Y	N
EXACT TIME OF ADMINISTRATION Enter date below	AM	PM	AM	PM	AM	PM	AM	PM	

Respite Provider Signature

Signature	Date
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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 from 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!

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