

Information Required for Respite Care

Respite Care will be provided by _____ on the following dates: _____.

Person completing this form: _____ Date this form was completed: _____

Date permission for respite was obtained from private agency: _____

Signature of DCFS Caseworker acknowledging approval of respite plan: _____.

Instructions:

Foster Parent: Fill out this form with current information about your foster child. Make two copies of the form. Prior to the respite being provided, send one copy to the Private Agency who licensed and is supervising the respite care provider's home. Give the other copy to the respite care provider.

	Name	Address	Phone	Other phone
Foster Child Date of Birth: _____				
Foster Family				
Private Agency				
Private Agency Caseworker				
State Caseworker				
Children's Administration <small>(In case of medical emergency, contact children's administration intake as soon as possible)</small>	Intake			

Physician				
Other Contacts				

Medical Conditions	
Medications	
Allergies	
Diet Restrictions	
At-Risk Behaviors	
Immunization History	