# *Circles of Care*

## Respite Care Payment Form

There is a maximum that is allowed to be reimbursed depending on the number of children you serve. For the maximum to be paid out, payment to respite provider can not exceed daily reimbursement levels on children placed times(x) the number of respite days or if there is not additional hotel/travel expenses. **By signing this form you verify child to staff ratios were maintained as well as licensing capacity while children were on respite.**

**Foster Parent:**_____

**Address:**_____

**Children Placed in Respite & Service level:**_____

_____

**# Children/Youth:** ❑ **1-2** ❑ **3-4** ❑ **5-6** ❑ **7-8** ❑ **9-10** ❑ **11-12**

**Dates Placed in Respite: from**_____ **to** _____

**Respite Provider Names:**_____
( List all names; if a couple list both names**)**

**Address:**_____

**Is respite provider a foster home or only respite:** ❑ **Foster home** ❑**Respite home only**

**Where did Respite Occur:** ❑ **At my foster family home** ❑ **at respite provider home**
**How many total children where being cared for:** _____
(Must include all children including the respite providers children; foster, biological, adopted or family members children**)**

**Payment of $** _____ **needs to be made or reimbursed to the Foster Family for payment provided to the respite care giver by the foster parents:**

**Payment of $** _____ **to be made to foster Parent for hotel/travel related to respite.**
***Receipts must be attached for hotel and a voucher form for mileage.***

***Total of Payments to be made:***_____

_____ _____
**Respite Provider Signature** **Date**

_____ _____
**Foster Parent Signature** **Date**

_____ _____
**Circles of Care Staff Approval/Signature** **Date**
**Date submitted to accounting:**

***Financial Department Only***

Date Paid:_____ Amount:_____
Maximums combo care: **1-2**: 55.00/120.00, **3-4:** 80.00/160.00, **5-6:** 100.00/200.00,
**7-8:** 130.00/260.00, **9-10:** 140.00/280.00, **11-12:** 150.00/300.0

Maximums Basic care only: **1-2:** 25.00/48.00, **3-4**: 42.00/75.00, **5-6:** 60.00/120.00,
**7-8**: 80.00/160.00, **9-10:** 90.00/190.00 **11-12**: 100.00/220.00