

## *Circle of Care*

### **Respite Care Approval Form**

1. Foster Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

2. Child's Name \_\_\_\_\_, DOB \_\_\_\_\_

3. Respite Care Requested From \_\_\_\_\_ To \_\_\_\_\_

4. Respite Care Provider \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

**5. Foster parent(s), you must complete the following before submitting this request:**

A. Specific needs of the child/ren, including all psychiatric or medical treatment currently provided, medication regimen and medication instructions, authorization for medical treatment and any expectations the Contractor may have of the Intermittent Alternative Care Provider.

B. Non-routine events taking place in the life of the child.

C. Emergency contact information, including the child's physician(s), parent and the telephone number of the Agency or facility that placed the child:

1. Physician Name \_\_\_\_\_, Telephone \_\_\_\_\_

2. Circles of Care \_\_\_\_\_, Telephone (361) 852-3812  
Case Manager

3. Parent \_\_\_\_\_ Rights Terminated \_\_\_\_\_, or, Unknown \_\_\_\_\_

D. The child's history, including background information of abuse/neglect by caretakers, sexual or physical abuse, fire setting, maiming or killing animals, suicidal attempts,

and run-away behaviors, which may affect the caregiver's ability to provide care for the child:

**6) This section should be completed by Circles of Care case manager.**

a. Abuse and neglect by previous caregiver(s)

b. Sexual or physical abuse

c. Fire setting or killing or maiming of animals

d. Suicidal attempts

e. Runaway behaviors

**Signatures required before respite takes place:**

Foster Parent Signature \_\_\_\_\_, Date \_\_\_\_\_

Respite Care Provider Signature \_\_\_\_\_, Date \_\_\_\_\_

COC Case Manager Signature \_\_\_\_\_, Date \_\_\_\_\_

Circles of Care Approval \_\_\_\_\_, Date \_\_\_\_\_

COC FHD, Program Director, State Administrator, or President

If respite is more than 48 hours:

Managing Conservator Approval \_\_\_\_\_, Date \_\_\_\_\_

CPS Caseworker or CPS Supervisor