

# *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.

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 Name: \_\_\_\_\_

Address: \_\_\_\_\_

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: \_\_\_\_\_

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*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