

### Child Foster Care Respite Reimbursement Form

Submit this form to the foster provider's licensing worker as soon as possible to avoid delay in payment

Foster Parent(s) Name(s): \_\_\_\_\_ Provider #: \_\_\_\_\_  
 Child Foster Care Licensing Worker Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
 Child's Social Worker Name: \_\_\_\_\_ SSIS WG#: \_\_\_\_\_  
 Date Respite Begins: \_\_\_\_\_ Date Respite Ends: \_\_\_\_\_

#### Foster Child(ren)s Information

Name/Relationship to Provider	Date of Birth

#### Out of Home Respite (FCL forward to assigned CMA)

Respite Provider(s) Name(s): \_\_\_\_\_ Provider #: \_\_\_\_\_  
 Respite Provider(s) Address: \_\_\_\_\_

If respite provider is licensed by a private agency, name of private agency: \_\_\_\_\_

By signing below, I acknowledge that the information provided is accurate and to the best of my knowledge. I will talk with the Child Foster Care social worker if I have any questions about this form.

Name of Respite Provider	Signature of Respite Provider	Date
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#### In Home Respite - Substitute Caregiving (FCL forward to Accounts Payable)

Substitute Caregiver(s) Name(s): \_\_\_\_\_

By signing below, I acknowledge that the information provided is accurate and to the best of my knowledge. I will talk with the Child Foster Care social worker if I have any questions about this form.

Name of Foster Parent (print)	Signature of Foster Parent	Date
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Authorized by:

Signature of Child Foster Care Licensing Worker	Date
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Signature of Child Foster Care Program Manager (Program Manager approval required for special respite (SR) only; In the case of out-of-county placements, placing worker's Program Manager approval is required for SR.)	Date
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Foster providers: please return this form to the licensing worker. If mailed, send to Hennepin County-Child Foster Care Licensing- 300 South Sixth Street, Minneapolis, MN 55487 Attn: \_\_\_\_\_ Mail Code \_\_\_\_\_

