HENNEPIN COUNTY
MINNESOTA

Form Updated:10/17/24

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

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

Authorized by:

Signature of Child Foster Care Licensing Worker | Date

Signature of Child Foster Care Supervisor | Date
(Supervisor signature required for S.R. approval only)

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 _____

Hennepin County Health and Human Services- Child Foster Care Licensing
300 South Sixth Street, Minneapolis, MN 55487
TDD: 612-348-5459| hennepin.us