**Azleway Children’s Services**

**Respite Notification Form**

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case Manager:

Children going to respite:

Name of Respite Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Respite Provider:

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respite Provider training information on file? Yes\_\_\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respite Provided in: Foster Home \_\_\_\_\_\_\_\_\_\_\_\_ Respite Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dates of Respite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Respite: Regular\_\_\_\_\_\_\_\_ Emergency \_\_\_\_\_\_\_\_\_ Behavioral\_\_\_\_\_\_\_\_

Foster parents may be contacted at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Backup respite plans: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foster Parent Case Manager

**Azleway Children’s Services**

**Respite Information Form**

Foster Home Name: Respite Provider Name:

On , I shared the following information with the respite provider:

(Date)

1. Specific needs of a child including:
   1. All psychiatric or medical treatment currently being provided;
   2. Medication regimen and medication instructions;
   3. Authorization for medical treatment;
   4. Any expectations of the respite provider.
2. Non-routine events taking place in the life of the child.
3. Emergency contact information including:
   1. The child’s physician;
   2. The telephone number of Azleway Children’s Services and the case-manager.
4. The child’s history that may affect the agency’s ability to provide care for the child including:
   1. Background of abuse/neglect;
   2. Sexually aggressive or physically abusive behavior;
   3. Fire setting;
   4. Maiming or killing animals;
   5. Suicidal ideation and/or attempts; and
   6. Run-away behaviors.

Foster Parent Signature: Date:

Respite Provider Signature: Date:

Revised 10/12/09