

FOSTER CARE RESPITE INFORMATION SHEET

When making foster care respite arrangements, please complete this entire form and give to your respite provider.

Name of Foster Parents: _____ Phone: _____

Full Address: _____

Emergency Phone Number: _____ E-mail: _____

Respite Beginning Date & Time: _____ Respite End Date & Time: _____

Child #1		Child #2		Child #3	
Child's Name, Age & Gender:	Name: Age: Gender: M or F	Name: Age: Gender: M or F	Name: Age: Gender: M or F	Name: Age: Gender: M or F	Name: Age: Gender: M or F
Medications:	Med: Dose: Times: Med: Dose: Times: Med: Dose: Times:	Med: Dose: Times: Med: Dose: Times: Med: Dose: Times:	Med: Dose: Times: Med: Dose: Times: Med: Dose: Times:	Med: Dose: Times: Med: Dose: Times: Med: Dose: Times:	Med: Dose: Times: Med: Dose: Times: Med: Dose: Times:
Dietary Needs & Allergies: <small>(food, pets, etc.)</small>	Dietary Needs: Allergies:	Dietary Needs: Allergies:	Dietary Needs: Allergies:	Dietary Needs: Allergies:	Dietary Needs: Allergies:
Special Needs: <small>(bedwetting, behavior issues, boundaries, etc.)</small>					
Medical & Dental Contact Phone Numbers:	Medical Dr: Phone: Dentist: Phone:	Medical Dr: Phone: Dentist: Phone:	Medical Dr: Phone: Dentist: Phone:	Medical Dr: Phone: Dentist: Phone:	Medical Dr: Phone: Dentist: Phone:
Social Workers:	DHS Worker: Phone: Agency Worker: Phone:	DHS Worker: Phone: Agency Worker: Phone:	DHS Worker: Phone: Agency Worker: Phone:	DHS Worker: Phone: Agency Worker: Phone:	DHS Worker: Phone: Agency Worker: Phone:
Bedtime Schedule & Needs:	Bedtime (school days): Bedtime (non-school days): Night light? Pull-up?	Bedtime (school days): Bedtime (non-school days): Night light? Pull-up?	Bedtime (school days): Bedtime (non-school days): Night light? Pull-up?	Bedtime (school days): Bedtime (non-school days): Night light? Pull-up?	Bedtime (school days): Bedtime (non-school days): Night light? Pull-up?
Child's Schedule: <small>(List Dr appt, family visits, activities & teen job schedule)</small>					

To ensure that the respite provider has all of the necessary information and supplies, please check the following reminder list:

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Each child has daily changes of clothes? <input type="checkbox"/> Are they clean & appropriate for weather? <input type="checkbox"/> Child has toothbrush, hairbrush, pajamas? <input type="checkbox"/> Does child need swimming suit, snow pants and/or snow boots, school backpack? <input type="checkbox"/> Child has enough diapers/pull-ups & wipes? <input type="checkbox"/> Does respite provider need child's car seat? | <ul style="list-style-type: none"> <input type="checkbox"/> Child has enough infant formula & bottles or special dietary foods? <input type="checkbox"/> Are medications packed in original bottles & did you provide verbal & written details? <input type="checkbox"/> Did you pack other medical equipment? <input type="checkbox"/> Did you provide child's Title XIX card(s)? <input type="checkbox"/> Who will be transporting child to school? |
|---|--|

If you need help finding a respite provider, contact your IKN Support Worker. You can also contact your area IFAPA Peer Liaison for additional assistance. Please keep in mind the DHS Worker has final approval over the respite placement.