

Four Oaks
Foster and Adoptive Family Connections
ADOPTION RESPITE FORM

This form is valid for adoption respite occurring between July 1, 2018 and June 30, 2020. If the respite provider is providing 5 days of respite for over 5 children within the year, a W-9 form will need to be completed and submitted by them as well.

ADOPTIVE PARENT INFORMATION

Adoptive Parent(s) Name:

Address

City State Zip

Cell Phone Home Phone

Email

Family Connections Adoption Specialist:

Adoption Respite is a program available to adoptive families for their subsidized adopted children under the age of 21. Each adopted child who receives a subsidy is eligible to receive up to five (5) days of respite care each fiscal year at \$20 per day. **By signing below, I certify that Respite Services were provided during the dates listed on the following page with the listed Provider and the children receiving adoption respite have had a finalized subsidized adoption.**

Signature of Adoptive Parent:

Signature of Adoptive Parent:

Date:

This form must include signatures in order to be processed. Payment will be mailed directly to the Respite Provider listed on page 2 of this form. Allow 2-3 weeks for processing.

Mail or Email Signed and Completed Forms to:

Four Oaks Foster and Adoptive Family Connections
Attn: Morey Allen
5400 Kirkwood Blvd SW, Cedar Rapids, IA 52404
mallen@fouroaks.org

**Four Oaks
Foster and Adoptive Family Connections
ADOPTION RESPITE FORM**

PROVIDER INFORMATION

Respite Dates: Start (mm/dd/yy) End (mm/dd/yy)

Number of Respite Days:

Person or Family Providing Respite:

Address

City State Zip

Cell Phone Home Phone

Email

Is Provider an adult (age 18 or older)? (y/n)

Respite Care was provided for the following Adopted Children:

<i>Name</i>	<i>Date of Birth</i>	<i>Gender</i>

Signature of Respite Provider:

Signature of Respite Provider:

Date: