

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

This form is valid for adoption respite occurring between July 1, 2017 and June 30, 2018. This form must be received by July 15, 2018 in order for a provider to receive payment for respite occurring between the above dates.

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. 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 1-2 weeks for processing.

Mail or Email Signed and Completed Form to:
Four Oaks Foster and Adoptive Family Connections
Four Oaks
5400 Kirkwood Blvd SW
Cedar Rapids, IA 52404
familyconnections-crsa@fouroaks.org
www.fouroaksfamilyconnections.org

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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 (only for those ages 0-21 years):

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

Signature of Respite Provider:

Signature of Respite Provider:

Date: