

Planned Respite Agreement

IMPORTANT: Prior to any respite, all arrangements **MUST BE APPROVED** by the HONH Placement Dept. **AND** the assigned HONH Clinician **MUST BE INFORMED** of all respite arrangements.

This is an Agreement to provide respite services between an assigned treatment foster parent and an approved respite caregiver.

Respite Care will be provided for the period: Beginning Date/Time: _____
Ending Date/Time: _____

Respite will be provided to the following youth:

Child/Youth Name	Age	Level of Care	Respite Payment Amount	To be paid per day or for a total period
				___per day ___ total
				___per day ___ total
				___per day ___ total
				___per day ___ total
				___per day ___ total

TOTAL PAYMENT for all youth in respite care for the period stated will be: \$_____.

Foster Parent will pay Respite Caregiver by (date): _____.

Daily allowance is to be given to each youth during the period of respite care by the respite provider from their respite payment? ___ Yes ___ No

Specify any additional arrangements (such as transportation, required appointments, provision of supplies (diapers, formula, pull-ups, etc.): ___N/A

SIGNATURES:

I, (print) _____, **foster parent** for the above youth, agree to pay the respite caregiver the amount as stated above.

Signature: _____ Date: _____

I, (print) _____, **approved respite provider**, agree to provide respite care for the stated children on the identified dates above.

Signature: _____ Date: _____