



## Respite Care Reimbursement Claim Form

Your name: \_\_\_\_\_ Name of your FW social worker: \_\_\_\_\_

Are you *receiving* respite or *providing* respite? (Circle one)

Names of child receiving respite care:

\_\_\_\_\_

Nights of respite (please list the dates):

\_\_\_\_\_

Total number of nights: \_\_\_\_\_

(Please note: If a child arrives for respite in the early morning of day one, and leaves late in the day on day two, two days of respite may be claimed, even though the child was only there one night.)

Person(s) providing respite care:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Check one:  Please reimburse the respite provider directly

Please reimburse me/us. I/we will reimburse the respite provider.

\*Note, whoever the check is written to will receive a 1099 if yearly respite provided exceeds \$600.

\_\_\_\_\_  
Signature of Family Works Parent

\_\_\_\_\_  
Date

Revised 01/11

The following is edited and updated (2/03) from the *Family Works Handbook*.

## Respite Care

Respite time provides substantial periods, usually 24 hours or more, away from the children. Family Works does not reimburse families for routine childcare or baby-sitting. These are considered part of the cost of caring for the child and should be paid directly by the FW parents.

### Details:

1. Each family is entitled to two nights of respite for each month a child is placed in their home.
2. Family Works will pay respite care providers \$40 per night for each child in care.
3. FW families may use respite credits as soon as they are earned. If a family would like to take more respite than they have earned, they may request such an advance by completing a special funding request and obtaining approval from their worker and the Administrative Coordinator.
4. Respite providers must be approved by the FW social worker prior to respite taking place.
5. The family receiving respite is responsible for submitting the reimbursement claim form. Respite payments may go directly to the respite provider or may be paid to the FW parent who, in turn, reimburses the provider. Please note that the person to whom the check is written will receive a 1099 at year's end if she/he has received \$600 or more for respite services.
6. The respite claim form must be completed before respite benefits are paid or reimbursed. Respite care benefits are not paid unless respite is actually taken. Parents cannot "cash in" unused credits after a child has left placement. **Send or fax receipt to the main office no later than the 5<sup>th</sup> of each month.** (Claims received after the 5<sup>th</sup> will be paid on the 10<sup>th</sup> of the following month.) **Claims received over 45 days from the date of respite will be denied and it will be the responsibility of the foster parent to pay the respite provider directly.**

## Flexible Respite (paid at \$30/day)

Accumulated respite may be used for a variety of activities, including reimbursement for the costs of special outings for families. *Prior approval must be granted before reimbursement will be made.* The activity must be in keeping with the intent of respite – it must offer an opportunity for the family to have a break in the routine, which is likely to revitalize the FW parents. For example, FW may assist with expenses for a weekend "getaway" that includes the foster kids when the FW parents may otherwise have difficulty getting away on their own.

FW families must still have a minimum of three "banked" days of respite for each child in care *after* the request for flexible respite expenditure has been granted. For example, if they have three kids, nine days of respite cannot be used for flexible respite but must remain on the books for more conventional use if needed.

Remember, not all families will have a need for flexible respite. Families are first expected to use their respite in the standard manner outlined above. Receipts must accompany reimbursement requests.

### To receive flexible respite:

1. **Flexible respite will only be considered when you are in compliance with training (2 credits/month) and with code** (for example a smoke detector in each sleeping room, fire arms locked up and stored appropriately, etc.)
2. Fill out a *Request for Special Funding* form **prior to** your event/vacation.
3. Have the form authorized by your social worker and the director of social services.
4. Save your receipts and **turn them in to the Madison office no later than the 5th** of the month following your event/vacation.