RESPITE REQUEST AND PROVIDER AGREEMENT

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 929 (4-2022)

Respite care is temporary relief care for a child who requires time-limited supervision and support by an eligible respite care provider. Children and Family Services will reimburse the cost of respite care to an eligible provider as determined by policy.

PART 1: RESPITE REQUEST - The case manager/worker shall complete part one and submit to the CFS Licensing unit at cfslicensing@nd.gov for pre-approval.

AGENCY REQUESTING RESPITE CARE

☐ Human Service Zone ☐ Division of Juvenile Services (DJS) (Paid FC Only) ☐ AASK
☐ Tribal Nation (IV-E only) ☐ Human Service Center (HSC) ☐ Nexus-PATH (Internal Respite)

AGENCY PROGRAM
Specify the agency program in which the child is involved

☐ Child Protective Services (CPS) ☐ Case Management (In-Home or Foster Care) ☐ Post-Guardianship (subsidy client)
☐ Post-Adoption (subsidy client) ☐ Human Service Center client who is dually involved with a Human Service Zone, Tribe or DJS

RESPITE PROVIDER
Specify the respite care provider identified

☐ Child Care Provider ☐ Foster Care Provider ☐ Contracted Vendor - **STOP** and call the vendor directly, no SFN 929 needed

DEMOGRAPHICS
Provide basic demographic information of the child and referring agency in the event of an emergency

Child's Name (First and Last)	Date of Birth	Age
Agency Name	Agency On-Call Telephone Number	
Primary Case Manager/Worker Name	Primary Case Manager/Worker Telephone Number	
Primary Caregiver and Relationship ☐ Foster Parent ☐ Parent/Guardian ☐ Relative Caregiver ☐ Other (specify):	Primary Caregiver Telephone Number	

Primary Caregiver Physical Address	City	State	ZIP Code

EXPLANATION OF NEED FOR RESPITE CARE
Specify information regarding the need for respite care to better inform the respite care provider. Include information regarding child's special medical, emotional or behavioral needs, allergies, the child's likes and interests, etc. If transporting the child will be required by the respite provider, detail why, for what and how much transportation is needed for the respite care episode.

RESPITE CARE FREQUENCY
When respite care is provided by the same provider, an agreement can be signed once per quarter (every three months). Indicate the frequency agreed upon by the case manager/worker and the provider.

☐ One Time ☐ Overnights (maximum 4 days)
☐ Ongoing (describe below): ☐ Daytime hours only (maximum of 12 hours per week)

Days	Frequency	Starting Date	Expiring Date
	Per Week		
	Every other Week		
	Per Month		

CFS Office Use Only ☐ Approved ☐ Denied	Comments

PART 2: PROVIDER AGREEMENT - Must be completed by the case manager/worker and signed by the provider and submitted to the Department no greater than 30 days after the respite services occur.

This agreement is entered between the North Dakota Department of Human Services and:			
Respite Care Provider Name		Respite Care Provider Telephone Number	
Specify Type of Respite Care Provider ☐ Licensed Foster Care Provider ☐ Licensed Child Care Provider		OVERNIGHT RESPITE CARE ONLY	
Date License Effective	Date License Expires	Current Bed Capacity	Respite Care Bed Capacity
☐ This is a Nexus PATH licensed foster home providing respite internally to the Nexus PATH agency. The agency is seeking the temporary bed capacity waiver due to this signed agreement.			

*For licensed foster parents providing respite care overnight:
This agreement is in addition to the foster care license issued by the Department. A license amendment is **not required** to provide respite care. This agreement will be kept on file as an amendment waiver in the event the number of beds when providing respite care exceeds the number on the license. The licensed foster parent agrees to provide temporary respite care only to the child identified on the agreement.

Public Agency, Custodian, or Primary Caregiver will:
1. Provide necessary information regarding a safety plan, emergency contact information, the child's medications, daily schedule, including any appointments, school events, etc.
2. Provide enough supplies; clean clothes, toiletries, special blanket or stuffed animal, diapers, wipes, formula for the duration of the respite stay. Respite care providers will not receive reimbursement for supplies.
3. Ensure space and bed accommodations available for the respite care are appropriate, if applicable.

The respite care provider shall keep confidential all records relating to this agreement except when the records must be open for inspection by the Department or its designated representatives.

Child Name		Respite Care Start Date	Respite Care End Date
Respite Care Start Date	Respite Care End Date	Respite Care Start Date	Respite Care End Date

RESPITE CARE RATE

☐ Child care provider drop in/daily rate $ ______________________________
☐ Foster care provider respite rate $ ______________________________
☐ Additional cost $ ______________________________

May include the cost of transportation to appointments or school, or the cost of licensed child care during a respite stay if the foster parent is working.

Number of Days	x	Rate	+	Additional Cost	=	TOTAL

NDDHS REIMBURSEMENT (check one)

☐ Licensed respite care provider: Reimbursement from the Department.
☐ TFC Provider - Non-client: Reimbursement from the Department directly to the TFC provider.
☐ TFC Provider - Over capacity serving on agency client: No reimbursement from the Department.

It is further agreed that this agreement does not constitute an employer/employee relationship between the Department and Respite Care Provider, that this agreement may be terminated by either party by giving 30-days' written notice, and that there are no other agreements, either oral or written, that impact this agreement.

SIGNATURE SECTION By signing this agreement I attest that the respite care occurred.	
Provider Signature	Date
Case Manager/Worker Signature	Date

Routing:

☐ Child's File ☐ CFS ☐ Licensing File (Bed Capacity Waiver Only)