



Respite care is temporary relief care for a child who has medical or behavioral/mental health needs, that require 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. An eligible provider may be reimbursed the costs of a child's EMP, if the daily rate plus the EMP exceeds the respite daily rate.

PART 1: RESPITE REQUEST - The case 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)

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)

RESPIRE PROVIDER - *Specify the respite care provider identified*

☐ Child Care Provider ☐ Foster Care Provider (Full) ☐ Foster Care Provider (Relative) ☐ Foster Care Provider (Certified)

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	
Case Worker Name		Case Worker Telephone Number	
Current Caregiver and Relationship	<input type="checkbox"/> Foster Care Provider <input type="checkbox"/> Relative Caregiver <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Other (specify):	Caregiver Telephone Number	
Caregiver Physical Address	City	State	ZIP Code

EXPLANATION OF NEED FOR RESPITE CARE
Specific information regarding the need for respite care to better inform the respite care provider. Include information regarding child's

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. 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 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 <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Comments
--	----------

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

This agreement is entered between the Department of Health and Human Services and:		
Respite Care Provider Name		Respite Care Provider Telephone Number
Specify Type of Respite Care Provider <input type="checkbox"/> Child Care Provider <input type="checkbox"/> Foster Care Provider (Full) <input type="checkbox"/> Foster Care Provider (Relative) <input type="checkbox"/> Foster Care Provider (Certified)		
OVERNIGHT RESPITE CARE ONLY		
Current Bed Capacity	Respite Care Bed Capacity	Temporary License Amendment Needs
Specify the relationship between the child if going to a licensed relative provider		

*For foster care providers providing respite care overnight:
This agreement is in addition to the foster care license/certification, or approval by the Department. An amendment is **not required** to provide respite care, so long as the provider has adequate licensed bed capacity. This agreement will be kept on file.

- Public Agency, Custodian, or Primary Caregiver will:
- 1. Provide necessary information regarding a safety plan, emergency contact information, the medications, and daily schedule.
 - 2. Provide enough supplies; clothes, toiletries, blanket or stuffed animal, diapers, wipes, formula for the duration of the respite stay. Respite care providers will not receive reimbursement for supplies.
 - 3. Bed capacity may not exceed placement of six children in either ongoing foster care, or placed as a prevention, unless otherwise approved by the department.

Respite care provider must maintain confidentiality for each child placed in respite.

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						
<input type="checkbox"/> Child Care provider drop in/daily rate \$ _____		<input type="checkbox"/> Additional cost \$ _____				
<input type="checkbox"/> Foster Care provider DAILY respite rate (\$55/day with overnight)		<input type="checkbox"/> EMP daily rate, if applicable \$ _____				
<input type="checkbox"/> Foster Care provider HOURLY respite rate (\$5/hr)						
Number of Hours	x	Rate	+	Additional Cost	=	TOTAL
Number of Days	x	Rate	+	Additional Cost/EMP	=	TOTAL

DEPARTMENT REIMBURSEMENT (check one)	
<input type="checkbox"/> Licensed Foster Care Provider: Reimbursement from the Department.	
<input type="checkbox"/> TFC Provider - Non-client: Reimbursement from the Department directly to the TFC provider.	

It is further agreed that this agreement does not constitute an employer/employee relationship between the Department and 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 Worker Signature	Date

Routing:
☐ Child's File ☐ CFS Licensing Unit