

**ST. LOUIS PARTNERS
RESPITE CARE INVOICE FORM**

Each section must be completed before submitting for payment

Section I:

Foster Parent Name:

Foster Parent DVN:

Current Number of Available Respite Units Prior to current usage:

*(***if you are uncertain, please contact your licensing worker prior to utilizing respite services.***)*

Was the case manager notified prior to this respite placement? Yes No

Children's Names:	DCN #	Type of foster child <small>Trad.; Behavior, Career; Rel./Kinship</small>	Case Manager Name
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- 1.
- 2.
- 3.
- 4.
- 5.

Section II:

Date Respite Began: "Time Respite Began: "am/pm

Date Respite Ended: "Time Respite Ended: "am/pm

Total Time and/or Units: "units/days

Respite Providers Name:"

Respite Providers DVN#:

Respite Providers Address:

Section III: Evaluation of Respite Care (to be completed by foster parent)

The home was: "Clean	The caregiver was: "Easily accessible
"Safe	"Cooperative
"Ample Space	"Friendly/attentive
"Child Friendly	"Organized
"Other, Explain	"Other, Explain"

Please comment your experience is valuable. (Attach additional sheets if necessary)

Foster Parent's licensing Worker Name:

Licensing Worker Agency:

Fax #: "Worker Approval Signature:

*****Respite invoice forms MUST be mailed back to foster parent licensing worker for processing*****

<hr/> Signature of foster parent	<hr/> Date	<hr/> Signature of respite provider	<hr/> Date
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- Respite is a benefit for you as a licensed foster parent through each fiscal year when you have children placed in your home.
- Respite providers should mail or fax the respite invoices to the attention of the foster parents licensing worker.
- Foster parents should make certain their licensing worker's name is provided to the respite provider at the time respite services are provided.

Definitions:

- Fiscal year: The year beginning July 1 through June 30.
- Rate: The monetary amount paid per unit; half units for 0-12 hours are available.
- Respite unit: The measure used to define the quantity of hours for respite. (**NOTE:** a unit is defined as a twelve to twenty-four hour period.)

RATES:

<i>Placement Type</i>	<i>Rate:</i>
Traditional/Relative/Kinship/Behavioral Respite Rate:	\$20 per day/ \$10 per half unit
Career Respite Rate:	\$40 per day

UNITS:

Foster parents receive the following number of respite units annually:

<i>Placement Type</i>	<i>Units:</i>
Traditional/Relative/Kinship Foster Home:	Twelve units per fiscal year
Behavioral foster Home:	Nineteen units per fiscal year which is equal to twelve days a year plus an additional seven days a year.
Career Foster Home:	Thirty-Eight units per fiscal year which is equal to one weekend per month plus an additional fourteen days a year.

Please note that unused respite hours do not roll over to the following fiscal year.

Did you remember to...

- Provide your name and DVN?
- Check the number of respite hours you have available before using respite services?
- Provide the name of the case manager and agency?
- Provide dates and times of service?
- Provide the name of the licensing worker
- Complete the form in its entirety?