

**CHILD INFORMATION FOR RESPITE PROVIDER  
(CONFIDENTIAL)**

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Physical Description of Child \_\_\_\_\_

Medicaid Number \_\_\_\_\_

Medicaid Card Provided for Respite Caregiver     YES     NO

Length of time in foster care \_\_\_\_\_

Child's Doctor \_\_\_\_\_

Address and Phone Number of Doctor \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Address and Phone Number of Dentist \_\_\_\_\_

Current Foster Parent(s) Name \_\_\_\_\_

Foster Parent Phone Number \_\_\_\_\_

Foster Parent Emergency Phone Number \_\_\_\_\_

Foster Parent Address \_\_\_\_\_

Agency Caseworker \_\_\_\_\_

Caseworker Phone Number \_\_\_\_\_

Agency 24 hour Emergency Phone Number (970) 498-6990

Child's School \_\_\_\_\_

Address and Phone Number of School \_\_\_\_\_

Child's Teacher(s) \_\_\_\_\_

Contact or Visitation with Birth Family and/or Kin     YES     NO

If yes, explain details of contact \_\_\_\_\_

Siblings in placement (name(s) of sibling(s), name(s) of foster family and contact information)



History (check all that apply to child)

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> physical abuse  | <input type="checkbox"/> emotional abuse   |
| <input type="checkbox"/> neglect      | <input type="checkbox"/> abandonment     | <input type="checkbox"/> failure to thrive |
| <input type="checkbox"/> drug exposed | <input type="checkbox"/> alcohol exposed |  |

Comments \_\_\_\_\_  
\_\_\_\_\_

**Indicate any behaviors below (current or past) that the respite provider should know about:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> abusive to animals                          | <input type="checkbox"/> abusive to self                    | <input type="checkbox"/> verbal abuse of others        |
| <input type="checkbox"/> aggressive                                  | <input type="checkbox"/> anxious                            | <input type="checkbox"/> argues                        |
| <input type="checkbox"/> bedwetting/enuresis                         | <input type="checkbox"/> defecates/encopresis               | <input type="checkbox"/> clingy/possessive             |
| <input type="checkbox"/> depressed                                   | <input type="checkbox"/> sleep disturbance                  | <input type="checkbox"/> defiant                       |
| <input type="checkbox"/> antisocial acts                             | <input type="checkbox"/> conflict with authority            | <input type="checkbox"/> criminal activity             |
| <input type="checkbox"/> easily frustrated                           | <input type="checkbox"/> temper tantrums                    | <input type="checkbox"/> hyperactive                   |
| <input type="checkbox"/> excessive shyness                           | <input type="checkbox"/> forgetful                          | <input type="checkbox"/> jealous                       |
| <input type="checkbox"/> eating disorder                             | <input type="checkbox"/> masturbates                        | <input type="checkbox"/> acts out sexually             |
| <input type="checkbox"/> same sex orientation                        | <input type="checkbox"/> dislikes being touched             | <input type="checkbox"/> alcohol or drug use           |
| <input type="checkbox"/> smokes                                      | <input type="checkbox"/> lies                               | <input type="checkbox"/> stealing                      |
| <input type="checkbox"/> manipulative                                | <input type="checkbox"/> talks excessively                  | <input type="checkbox"/> school problems               |
| <input type="checkbox"/> inappropriate attention seeking             | <input type="checkbox"/> moods swings                       | <input type="checkbox"/> uncooperative                 |
| <input type="checkbox"/> inappropriate/bizarre behaviors             | <input type="checkbox"/> overly demanding                   | <input type="checkbox"/> plays with matches            |
| <input type="checkbox"/> fire setter                                 | <input type="checkbox"/> runs away                          | <input type="checkbox"/> doesn't follow limits         |
| <input type="checkbox"/> needs immediate gratification               | <input type="checkbox"/> weeps or cries without provocation | <input type="checkbox"/> requires constant supervision |
| <input type="checkbox"/> somatic complaints (headache, stomach ache) | <input type="checkbox"/> suicidal ideation or behaviors     | <input type="checkbox"/> Other                         |

Explanation of above (ie: what will trigger certain behaviors?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Check the most appropriate statement about safety issues:**

- Child does not realize what is dangerous, and needs close supervision.
  - Child is aware of, but does not watch for danger, and needs close supervision.
  - Child needs to be reminded to watch for danger, but does not need constant supervision.
  - Child is generally cautious.
-

**PHYSICAL HEALTH ISSUES**

Child is on Medication(s)     YES     NO

If yes, attach medication log for respite provider with names of medications to be administered, dosage, time given, purpose, possible side effects, etc.

Child has Allergies     YES     NO

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Special diet or foods? \_\_\_\_\_

Any food allergies? \_\_\_\_\_

Please list any health concerns that respite provider should be aware of \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MENTAL HEALTH ISSUES**

Is this child in therapy?     YES     NO

If yes, name and phone number of therapist \_\_\_\_\_  
\_\_\_\_\_

If no, has child been in therapy in the past?     YES     NO

Primary diagnosis \_\_\_\_\_

List any goals for therapy that the respite provider should know about \_\_\_\_\_

Has child ever been hospitalized for behaviors or other mental health related issues?

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Child's caseworker has been notified of respite care arrangements and has been given respite care provider contact information (telephone number and address).

\_\_\_\_\_  
Signature of current foster parent

\_\_\_\_\_  
Date

# AGREEMENT TO PAY FOR RESPITE CARE

I (We) \_\_\_\_\_ agree to pay \_\_\_\_\_  
**Foster Parent(s)** **Respite Provider**

the daily rate (based on child's level of care) of \$ \_\_\_\_\_ for the care of

\_\_\_\_\_  
**Child(ren)'s name(s)**

Dates of respite care:

From \_\_\_\_\_ To \_\_\_\_\_

Agreed date of payment will be: \_\_\_\_\_

\_\_\_\_\_  
**Foster Parent**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Respite Provider**

\_\_\_\_\_  
**Date**

