Solano County Respite Program Payment Request

Name of Resource Parent		
Address		
Phone Numbers	Cell:	Email:

RESPITE CARE PROVIDER INFORMATION

Name			Relationship to Resource Parent	
Address				
Phone Number	Cell:	Email:		
Respite provider is	☐ County RFA Home ☐ Approved RFA Respite Provider ☐ Other__________ ☐ FFA - Approved Resource Home (prior approval must be obtained from FFA Social Worker)			

Forms MUST be submitted no later than 15 days after the respite has occurred.

Name of Child	Age	Solano County Social Worker Name & Phone#	Start Date	Start Time	End Date	End Time	Total Hours

Reason for Respite	

Reimbursement Rate: $40 per day, minimum 4 hours to qualify for reimbursement. Daily rate is paid for 4-24 hours of respite. Maximum 14 days per year/child. 2-hour Trainings are eligible for $20 per/child and count as .5 (one half day) towards Maximum 14-days per year/child.

Total payable Respite Hours		$40 per day **X** days = $	
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, INCLUDING THAT I HAVE LEFT MY CHILD/REN IN RESPITE CARE FOR THE ABOVE-MENTIONED DAYS AND TIMES.			
Resource Parent Signature		Date	
I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, INCLUDING I HAVE PROVIDED RESPITE CARE FOR THE ABOVE-MENTIONED CHILD/REN ON THE DAYS AND TIMES.			
Respite Care Provider's Signature		Date	

FOR INTERNAL USE ONLY

Respite care Program Reimbursement Request Form received: Date: _________________________

Received by: Mail Email Drop Off

Was the respite request approved by the social worker and respite coordinator prior to the respite dates (for requests greater than 72-hours)?

_____Yes _______No

Total of respite days remaining as of this request: ____________________

Approved __________ Amount $ _______________ Denied ____________ Reason: ____ ____		Date	
Respite Care Coordinator's Signature		Date	