

***Please provide relative caregiver AND respite provider with a copy of this form.***

**APPROVAL FORM FOR RELATIVE CAREGIVER RESPITE REQUEST**

**1. TO BE COMPLETED BY RESPITE PROVIDER after respite services have been provided.**

My signature below verifies that I completed respite for the above children on the approved dates noted above.

\_\_\_\_\_  
Respite provider signature

\_\_\_\_\_  
Date

*Caseworker: Please submit signed copy with request for funds so that  
Respite provider can be paid for services.*

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**2. TO BE COMPLETED BY RELATIVE CAREGIVER:**

- ☐ Special needs/specific needs of child discussed with Respite provider  
☐ Consent for medical treatment and Medical card will be given to Respite provider for the respite period

\_\_\_\_\_  
Relative caregiver signature

\_\_\_\_\_  
Date

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**3. TO BE COMPLETED BY APPROVING ASSISTANT MANAGER OR MANAGER:**

Names of children/case name: \_\_\_\_\_

The **ONLY** approved respite provider(s) for this respite request: \_\_\_\_\_

Your respite request has been approved for **the following date(s)**: \_\_\_\_\_ to \_\_\_\_\_

**Total amount approved:** \_\_\_\_\_

**The reimbursement rate is \$20/child per day.  
Respite provider is expected to provide transportation to school/other activities as required.**

\_\_\_\_\_  
Approved By (Signature)

(Manager-DFS, Assistant Manager-DFS or Manager-Comm. Dev. Dept only)

\_\_\_\_\_  
Date