

Respite Support Program

*Providing Temporary Care to Support Resource Families in
Sacramento County*



Agenda

- Respite Support Definition
- Respite Eligibility and Amounts
- What Resource Parents Need to Know
- What Respite Providers Need to Know
- Respite Payment Request Process
- Communication
- Resources



What is Respite?

- Reasonable and Prudent Parent Standard:
 - A standard characterized by careful and sensible parental decisions that maintain a child/youth's health, safety, and best interests, while at the same time encouraging the emotional and developmental growth of a child.
 - Decisions made under the Reasonable and Prudent Parent Standard extend to the use of occasional short-term babysitters and alternative caregivers for periods of time lasting less than 24 hours.
- Utilizing support provides brief periods of relief to promote placement stability and your well-being.



Examples for Respite Usage

- Time for self-care or a break
- A night out for dinner and/or a movie
- Attending a funeral or wedding
- Medical appointments
- Attending training(s)



Who is Eligible to Request Respite Support?

- ✓ Approved Sacramento County Resource Families
 - Community, Relative, or Non-related Extended Family Members (NREFM)
 - Emergency Placements are not Eligible
- ✓ Must have at least one (1) active placement in the home at the time respite care is provided.



Who is Eligible to Provide Respite Care?

- ✓ A trusted person that you select from your support network who is able to meet the needs of the youth.
- ✓ Must be at least 18-years-of age or older.
- ✓ Examples:
 - A relative or family friend
 - Neighbor
 - Child's Coach
 - Another approved Resource Family



How Much Respite Support Can Be Requested?

- Resource Families can request up to 50 hours of respite support through June 30, 2026.
- The rate for respite support is \$25 per hour, paid in 15-minute increments.
 - Ex: If respite care was provided from 2:00p.m. to 3:10p.m. payment issued will be 1.25 hours totaling \$31.25.
- The respite support rate is set and is not based on the number of children.



Information for Resource Family

- Must follow Reasonable and Prudent Parent Standard when selecting Respite Provider and share youth's needs to ensure safe and nurturing environment and provide emergency contact information.
- Must coordinate the respite care directly with your selected provider.
- Must communicate the program details to Respite Provider, before the respite occurs.



Information for Resource Family (cont.)

- More than one Respite Provider can be utilized for different respite episodes.
- Respite payments are made directly to the Respite Provider by FosterHope Sacramento.
 - Reimbursement to the Resource Family is not an option.
- Respite payment request forms are due by the 5th of the month following the respite episode.
 - Example: If the respite episode occurred from 2:00pm – 5:00pm on September 27th, the payment request form must be submitted by October 5th.



Information for Respite Providers

- Respite payments totaling \$600 or more are taxable income, require a W-9 tax form, and will be reported to the IRS.
- If no W-9 form, the Respite Provider will not be paid for more than 23 total hours of respite care.
- Respite Provider must sign the payment request form to verify the respite care was provided.
- Respite Providers are able to provide respite care for more than one Sacramento County Approved Resource Family.



Respite Payment Request Process

- The Resource Family and Respite Provider must complete the Respite Payment Request form in full, including all signatures.
- The Resource Family must submit the completed form via email to respite@fosterhopesac.org
- Eligibility will be verified for all requests prior to processing.
- After eligibility is verified, the Resource Family and Respite Provider will receive a confirmation message from FosterHope Sacramento.
- Payment will be issued within five (5) business days of verification and mailed directly to the Respite Provider at the address listed on the payment request form.



Payment Request Form



Respite Payment Request Form

Instructions: Please complete this form to provide FosterHope Sacramento with the information needed to reimburse Respite Care Providers for a respite episode.

To submit the form, take a **clear photo or scan** and email to: respite@fosterhopesac.org

Resource Parent First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Resource Family/Binti ID Number: _____ Placement Type: _____

Start of Respite Episode (circle AM or PM)		End of Respite Episode (circle AM or PM)	
Date:	Time: AM/PM	Date:	Time: AM/PM

Location of respite: ☐ Resource Family Home ☐ Respite Care Provider ☐ Other: _____

Name(s) & date(s) of birth of dependents in respite care

First Name & Last Name	DOB	First Name & Last Name	DOB

Reason for respite (select one of the options below)

☐ Self-care ☐ Personal Needs ☐ Family Needs ☐ Funeral/Wedding ☐ Medical Needs

☐ Training ☐ Emergency ☐ Other _____

Respite Care Provider First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Resource Family ID Number (if an approved family with Sacramento County): _____

Relationship to Resource Family: _____

Please sign below, I affirm that the above information is accurate and true, that the Respite care was provided by a Respite Care Provider who meets requirements under the Prudent Parent Standard and is 18 years or older.

Resource Parent Signature: _____ Date: _____

Respite Care Provider Signature: _____ Date: ____|_____

* Have questions or need help completing this form? Contact FosterHope Respite Coordinator, Vivian Fullbright by phone at (916) 620-2918 or email us at respite@fosterhopesac.org



Payment Request Form Sample



Respite Payment Request Form

Instructions: Please complete this form to provide FosterHope Sacramento with the information needed to reimburse Respite Care Providers for a respite episode.

To submit the form, take a **clear photo or scan** and email to: respite@fosterhopesac.org

Resource Parent First Name: Sarah Last Name: Sample
Phone Number: 916 222 1111 Email: ss@gmail.com
Resource Family/Binti ID Number: A123 Placement Type: Relative

Start of Respite Episode (circle AM or PM)		End of Respite Episode (circle AM or PM)	
Date: <u>8/1/25</u>	Time: <u>8:00</u> AM/PM <u>AM</u>	Date: <u>8/1/25</u>	Time: <u>4:00</u> AM/PM <u>PM</u>

Location of respite: ☒ Resource Family Home ☐ Respite Care Provider ☐ Other: _____

Name(s) & date(s) of birth of dependents in respite care

First Name & Last Name	DOB	First Name & Last Name	DOB
<u>Eli Copy</u>	<u>2/12/25</u>		
<u>Maddie Copy</u>	<u>5/1/23</u>		

Reason for respite (select one of the options below)

☒ Self-care ☐ Personal Needs ☐ Family Needs ☐ Funeral/Wedding ☐ Medical Needs
☐ Training ☐ Emergency ☐ Other: _____

Respite Care Provider First Name: Carla Last Name: Sample
Phone Number: 916-111-1111 Email: cc@gmail.com
Mailing Address: 123 1st St City: Sacramento State: CA Zip Code: 95555
Resource Family ID Number (if an approved family with Sacramento County): 1111
Relationship to Resource Family: Family

Please sign below, I affirm that the above information is accurate and true, that the Respite care was provided by a Respite Care Provider who meets requirements under the Prudent Parent Standard and is 18 years or older.

Resource Parent Signature: [Signature] Date: 8/1/25
Respite Care Provider Signature: [Signature] Date: 8/1/25

* Have questions or need help completing this form? Contact FosterHope Respite Coordinator, Vivian Fullbright by phone at (916) 620-2918 or email us at respite@fosterhopesac.org

To Be Completed In Black/Blue Ink, Using Wet Signatures Only



Communication Guidelines for Respite Support

- The FosterHope Sacramento Respite Coordinator may contact the Resource Family and/or Respite Provider with any questions.
- Ensure all submitted documentation includes current contact information.
- Resource Families and Sacramento County will be notified when 80% of respite hours have been used which is around 40 hours.
- Feedback on Respite Care Program is welcomed and encouraged.



Important Takeaways

- Approved Sacramento County Resource Families with an active placement are eligible for 50 hours of respite support at a rate of \$25 per hour.
- The Reasonable and Prudent Parent standard must be followed for the selection of a Respite Provider.
- Respite support is available through June 30, 2026.
- Payment Request Forms must be complete and submitted by the 5th of the month following the respite episode.
- Respite payments totaling \$600 or more to a single Respite Provider is taxable income.



Thank You!

If you have any questions, please
feel free to reach out to

Vivian Fullbright:

916-620-2918 or email

respite@fosterhopesac.org

