



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