

Respite Foster Care Placement Contract

1. Parties

Agency/Organization Name:

Address:

Contact Person:

Phone / Email:

Respite Caregiver(s) Name(s):

Address:

Phone / Email:

Child(ren) Name(s):

Date of Birth:

Case # / ID:

2. Placement Details

Start Date	End Date	Location of Respite

3. Responsibilities

- Agency Responsibilities:
- Respite Caregiver Responsibilities:
- Parent/Guardian Responsibilities:

4. Compensation

Rate per Day	Total Days	Total Compensation

Payment Method:

Payment Schedule:

5. Emergency Contact Information

Primary Emergency Contact:

Phone:

Relationship:

Medical Facility/Doctor:

Phone:

6. Terms and Conditions

- 1.
- 2.
- 3.

7. Signatures

Date:

Agency Representative

Date:

Respite Foster Parent