



RBWO RESPITE WAIVER REQUEST FOR SPECIALITY PLACEMENTS

Date of Request:	Date(s) of Respite:
CPA Agency Name:	
Name of Person Completing Request Form:	Role:

Child's Information

Child's Name Requiring Respite:		Legal County:
DFCS Case Manager's Name:		Phone/Email:
DOB/Age:	Gender:	RBWO Designation:
Brief Description of Child's Special Needs/Behaviors:		
Describe Special Care or Supervision Needs or Restrictions:		

Waiver Request Explanation

Please Explain the Nature/Circumstances of the Waiver Request:

Respite Plan

Foster Parent Requesting Respite:
Address & phone #:
Date respite begins:
Time & place for drop off plan:
Person responsible for drop off:
Date respite ends:
Time & place of return:
Person responsible for pick up:

Foster Parent(s) Providing Respite Information

Name / Address:	Phone Number:	Years of Service:
Existing Relationship with Child? Yes No	Provided Respite for this Child Previously? Yes No	
Household Members & Sleeping Arrangements(Name/DOB or Ages/Gender/Relationship/RBWO Category/Bedroom:		
List any training, resources, skills and experience of the foster parent related to care of the respite child and ability to meet needs of children already in home:		

Have all DFCS workers for all children placed in the respite home AND the Case Manager for the respite child acknowledged agreement with the respite plan?

Yes No; If no, please explain

**Counties may have their own policy/process for who can agree to the respite plan. Check with the DFCS CM.*

Who is responsible for monitoring the safety and well-being of children placed in the respite home?

What is the monitoring plan during the respite?

Submitted By

Name

Date

Agency/County

Name

Date

Agency/County Director/Designee

Email Address To Send Waiver Response: