



Benchmark Family Services

Respite Care Plan

Client Name:
Client Date of Birth:
Client LOC:

Placement Date:
Respite Dates:

Home Currently Placed in:
Respite Home:

Benchmark TSS Contact #:
After Hours Contact #:

Child's TSS:
Respite Home TSS:

Date Plan Initially Developed:
Plan Reviews and Revisions:

Purpose of Respite Care:

Unique Needs/Issues of Child (medications, allergies, etc):

Specific Qualities/Qualifications of Respite Care Provider:

Anticipated Frequency of Respite Care:

Other Important Information:

I acknowledge that on ____ I was provided the details of the supervision plan (if applicable) and respite care plan for ____, a child placed in my home for respite. On that date I agreed to abide by the supervision guidelines established for this child.

I also understand that I will receive a per diem rate of \$ _____, effective _____, for each night he/she is placed in my/our home.

Foster Parent(s) Signature: _____ Date: _____

Respite Foster Parent(s) Signature: _____ Date: _____

BFS Signature: _____ Date: _____