

Homes of Hope Foster/Adopt Parent Relief Care Policy

Paid Relief Care in Foster Home

Upon approval of the **Homes of Hope Relief Care Application**, relief providers will be chosen and paid by the Foster Parents. If foster parent is not able to pay the relief care provider at time of respite please email director@homesofhopeproject.org or call 208-413-6770 to make arrangements. The person chosen should be someone that the Foster Parent is confident will provide a safe and caring environment for the child. It can be a relative, friend, or HOH approved relief care provider and should be approved by their social worker. A reimbursement will be paid by Homes of Hope (**based on the rates below**) to the foster parent after the respite is provided. After Homes of Hope approval, the relief care worker must sign Homes of Hope Relief Reimbursement Form stating the hours worked and the payment amount received from the foster parent. This form will then be submitted by the foster parent to Homes of Hope to receive reimbursement.

Relief Care in a Licensed Daycare

Upon approval of the **Homes of Hope Relief Care Application**, the foster parent may take their foster/adopt child to a licensed day care facility and receive reimbursement from Homes of Hope to cover some or all of the expense (**based on the rates below**). A receipt of payment must be attached to the **Homes of Hope Relief Reimbursement form**. The child's name must be on the receipt.

Rates of Reimbursement: Limits per foster family: A foster family may receive up to 4 hours per month and a weekend stay request may be used once every 6 months.

One Foster/Adopt Child:

\$7.00 per hour- up to five hours use the hourly rate

\$40.00 per day- 6+ hours and NO overnight

\$50 – 24 hours-1 overnight

\$100.00 – 48 hours and 2 overnights

Two Foster/Adopt Child:

\$8.00 per hour- up to five hours use the hourly rate

\$50.00 per day- 6+ hours and NO overnight

\$60 – 24 hours-1 overnight

\$120- 48 hours- 2 overnights

Three or more Foster/Adopt children:

\$10.00 per hour- up to five hours use the hourly rate

\$75.00 per day- 6+ hours and NO overnight

\$85- 24 hours-1 overnight

\$170- 48 hours- 2 overnights

Homes of Hope has a monthly Relief Care budget per month. This is used on a first come, first basis.

Homes of Hope Relief Care Application

Foster/Adopt Child's Name _____ Age _____ Grade _____ Gender _____

Foster/Adopt Parent's Name _____

County _____ Address _____

Email _____ Home # _____ Cell # _____

Social Worker Name _____ SW Office Location _____

Social Worker's Phone # _____ Email _____

Hours and Dates Requested _____

Amount Requested _____ Signature _____

*Relief Care workers must be chosen by the Foster/Adopt Parent and must be a relative, friend, or HOH approved Respite Provider that will provide a safe encouraging environment for the foster or adopted child. *****Please verify with your social worker (Licensed day-care centers are the exception.)*

Send request forms to

director@homesofhopeproject.org P.O. Box 464 Clarkston, WA 99403

Questions: Email Joanne at director@homesofhopeproject.org or call 208-413-6770

***Limits per foster family: A foster family may receive up to 4 hours per month and a weekend stay request may be used once every 6 months.**

One Foster/ Adopt Child:	Two Foster/Adopt Children:
\$7.00 per hour- up to five hours use the hourly rate	\$8.00 per hour- up to five hours use the hourly rate
\$40.00 per day- five hours or more use the daily rate	\$50.00 per day- five hours or more use the daily rate
\$50- 24 hours- 1 overnight	\$60- 24 hours- 1 overnight
\$100-48 hours-2 overnights	\$120- 48 hours- 2 overnights
Three or more Foster/Adopt children:	Three or more Foster/Adopt children:
\$10.00 per hour- up to five hours use the hourly rate	\$75.00 per day- five hours or more use they daily rate
\$85- 24 hours-1 overnight	\$170-48 hours-2 overnights

If this form is approved by HOH the relief care person must be paid at the time of respite by the foster parent (unless special arrangements were made prior). HOH will reimburse the foster parent after the respite is provided and ALL paperwork is in.

****This is NOT a guarantee of reimbursement, as grant funds are available per month until budgeted funds are gone. Applications must be approved in advance of the relief care. Applicants must be a licensed foster parent, current Relative Care Provider or Retired Foster Parent who has an adopted child from foster care living with them.***

**** Relief Care Sheet MUST be provided to Homes of Hope within 30 days of relief care for reimbursement.***

Homes of Hope Relief Reimbursement Form

Foster/Adopt Parent Name: _____ Signature: _____

Circle whether the child is foster, adopted or biological. If you need more room please attach another page.

Foster/Adopt/Bio Child: _____ DOB _____

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Foster/Adopt/Bio Child: _____ DOB _____

Foster/Adopt/Bio Child: _____ DOB _____

Foster/Adopt/Bio Child: _____ DOB _____

Foster/Adopt/Bio Child: _____ DOB _____

To be filled in by relief care worker

Relief Care Worker's Name _____ D.O.B. _____

Address _____

City _____ State _____ Zip Code _____

Email _____

Home phone number: _____

Cell phone number: _____

Date(s) of relief care: _____

Hours of relief care: _____

I was paid \$ _____ for this relief care by _____

Signature: _____

Date of Payment: _____

For Homes of Hope Use Only

Amount Approved by Homes of Hope _____

Date Reimbursement Check Sent _____

Check # _____

Grant _____