

# Redwood Empire Foster Parent Association

## QUARTERLY RESPITE REQUEST FORM

Q1	Q2	Q3	Q4

### CAREGIVER INFORMATION

Caregiver Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### CHILD/CHILDREN INFORMATION

Child's Initials	Placement Date	Exit Date

### RESPITE ACTIVITIES

Medical	Business	Date Night	Personal Care	REFPA Function

Other (please specify):

\_\_\_\_\_

## Redwood Empire Foster Parent Association

IF REQUESTING ADDITIONAL FUNDS, PLEASE SPECIFY:

Name of Meeting or Workshop	Date	Hours

Name of Conference (Pre-approval necessary)	Date

You must be a member of REFPA and a County Approved Foster Home to receive funds.

Completed forms are due by the 10th of the month following each quarter by email or regular mail:

[respite.refpa@gmail.com](mailto:respite.refpa@gmail.com)

Respite Chair - REFPA  
PO Box 1084  
Santa Rosa, CA 95402