



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):



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

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