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):

_____

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