## ADOPTION RESPITE BILLING FORM

Date:



5. 6. 7. 8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include				Foster & Adoptive Parents Association
Address:   State:   Zip Code:	Adoptive Parent(s) Names:			
Name of Person Providing Respite:  Address:  City:	Address:	G	7.	0.1
Name of Person Providing Respite:  Address:  City:	City:	State: Zip Code:		
Name of Person Providing Respite:  Address:  City:	Phone Number (Cell):	Phone Number (Home):		
Address:  City: State: Zip Code: Phone Number (Cell): Phone Number (Home): Is Provider an adult (age 18 or older)? Email:  Respite care is being provided for the following adoptive children:  Name Medicaid ID # Age Male/Female  1. 2. 3. 4. 5. 6. 7. 8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent:  Date:  IMPORTANT - Adoption Respite is a program available to adoptive families for their subsidized adopted	Email Address:			
City: State: Zip Code: Phone Number (Cell): Phone Number (Home): Email: Email: State:	Name of Person Providing Respite:Address:			
Phone Number (Cell): Phone Number (Home):	City:	State: Zip Code:		
Respite care is being provided for the following adoptive children:  Name  Medicaid ID # Age Male/Female  1. 2. 3. 4. 5. 6. 7. 8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:	Phone Number (Cell):	Phone Number (Home):		
Respite care is being provided for the following adoptive children:  Name  Medicaid ID # Age Male/Female  1. 2. 3. 4. 5. 6. 7. 8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:	Is Provider an adult (age 18 or older)?	Email:	/	
Name  Medicaid ID # Age Male/Female  1. 2. 3. 4. 5. 6. 7. 8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:  By PORTANT - Adoption Respite is a program available to adoptive families for their subsidized adopted				
1. 2. 3. 4. 5. 6. 7. 8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:  By Signature of Respite Provider: Date:	Respite care is being provided for the follow	ing adoptive children:		
2. 3. 4. 5. 6. 7. 8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent:	Name	Medicaid ID #	Age	Male/Female
3. 4. 5. 6. 7. 8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:  Signature of Respite Provider: Date:	1.			
3. 4. 5. 6. 7. 8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:  Signature of Respite Provider: Date:	2			
4.  5.  6.  7.  8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:  Signature of Respite Provider: Date:				
5. 6. 7. 8. Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:	3.			
6.  7.  8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:  Signature of Respite Provider: Date:	4.		1	
7.  8.  Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:  Signature of Respite Provider: Date:	5.			
Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:  Signature of Respite Provider: Date:	6.			
Dates Requesting Respite: Beginning date: Ending date:  Number of Respite Days Completed:  By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent: Date:  Signature of Respite Provider: Date:	7.			
Number of Respite Days Completed:	8.			
Number of Respite Days Completed:				
By signing below I certify that the above Respite Services were provided during the time stated above and that the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent:  Signature of Respite Provider:  Date:  IMPORTANT - Adoption Respite is a program available to adoptive families for their subsidized adopted	Dates Requesting Respite: Beginning date: _	Ending date:		
the children receiving adoption respite have had a finalized subsidized adoption. This form must include signatures in order to be processed.  Signature of Adoptive Parent:	Number of Re	spite Days Completed:		
Signature of Respite Provider: Date:  IMPORTANT - Adoption Respite is a program available to adoptive families for their subsidized adopted				
IMPORTANT - Adoption Respite is a program available to adoptive families for their subsidized adopted	Signature of Adoptive Parent:	nt: Date:		
IMPORTANT - Adoption Respite is a program available to adoptive families for their subsidized adopted	Signature of Respite Provider:		Date:	
CHINICAL EZCULZONINEU CHINI WHO LECEIVEN A NIDNOV IN ENVINE IO LECEIVE TIVE HAVS OF LESINE PALE NEL TICPALVE				

children. Each adopted child who receives a subsidy is eligible to receive five days of respite care per fiscal year at \$20 per day. After respite services have been provided, the adoptive parent should complete this form and submit to IFAPA. The current fiscal year for the Adoption Respite Program runs from July 1, 2014 to June 30, 2015. All respite days must be used during these dates and the completed form must be submitted to IFAPA no later than July 10, 2015. Please allow one week for processing.