

# Respite Provider Application

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

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

City, State, Zip: \_\_\_\_\_

Contact Telephone Numbers:

Home: \_\_\_\_\_

Cell(s): \_\_\_\_\_

Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please list all persons residing in the home, age, and relationship to head of household:**

Name	Age	Relationship

I am currently a licensed foster parent in Missouri?  Yes  No

I am currently a licensed respite provider in Missouri?  Yes  No

In the statements below, please check all that apply:

I am willing to provide:

- Emergency Respite (less than two weeks notice)
- Traditional Respite (more than two weeks notice)

I am willing to provide respite for:

- One-day only (no overnight)
- Day respite only, multiple days in a row (no overnight)
- Weekend respite (including overnight)
- Week respite (including overnight)
- More than one-week respite (including overnight)

I am willing to provide respite for the following ages:

- Birth-2 years
- 3-5 years
- 6-9 years
- 10-13 years
- 14 years and older

I am willing to provide respite for children of the following ethnicities:

- African American
- Caucasian
- Hispanic
- Asian
- Interracial
- Other

I am willing to provide respite for:

- One child only
- Sibling group up to:
  - 2-3 children
  - 4 or more children

I am willing to provide respite for:

- Traditional children (no special needs)
- Children with minimal medical needs (medication, breathing treatments, etc.)
- Children with major medical needs (requiring full time medical assistance)
- Children with minimal behavioral needs
- Children with major behavioral needs (requiring full time commitment)

I am willing to provide respite for children who are adopted. (This type of respite will not receive any financial compensation from the State.)

- Yes
- No

I am willing to provide transportation for all children in my care during respite.

Yes       No

Please list any pets you currently have in your household:

Type of animal	Number	Indoor/Outdoor

I understand that Central Missouri Foster Care and Adoption Association will not be responsible for the reporting of Respite Units for reimbursement.

Yes       No

I understand that Central Missouri Foster Care and Adoption Association (CMFCAA) will use this questionnaire for matching purposes only as a part of CMFCAA's Respite Exchange Program. It is the responsibility of Respite Provider and the family seeking respite care to communicate, secure the respite dates, provide the transportation, and to agree upon and conduct all other respite needs.

Yes       No

I understand that Central Missouri Foster Care and Adoption Association will notify me before sharing the information on this application with a family seeking respite. I will give CMFCAA permission to share the information on this application with a family seeking respite after I have accepted the opportunity to provide respite.

Yes       No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date