

### Foster Home

### RESPITE TIME SHEET

#### DCS

**Provider Name \_\_\_\_** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Foster Family Name** \_\_\_\_\_\_\_

(Family providing the respite) (Foster family requesting respite )

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

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AASK Family Specialist (signature)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Provider Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **AASK Foster Care Director (signature)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Foster Family Signature** \_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child(ren)s Name | Day In / Hour In | Day Out/ Hour Out | Total Hours | Hours X 1.95 | total |  |
| 1.  2.  3.  4.  5. |  |  |  |  |  |  |
| Please use one sheet per family of children. Foster Families have up to 144 hours of respite per year. This is per family and not per child. Any additional respite hours used will be paid by the family requesting the respite directly to the provider. |  | Bills to be submitted to:  AASK  2320 N.20th Street  Phoenix, Az 85006  (602) 254-2275  ATT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | TOTAL |  |  |