



WASHOE COUNTY HUMAN SERVICES AGENCY

350 S. CENTER STREET
RENO, NEVADA 89501-2103
PHONE: (775) 337-4470
FAX: (775) 337-4495

Date: _____

Name of Foster Parent making Request: _____

I am applying for alternate care funds to be paid to:

- Myself for a family vacation inclusive of my foster child(ren).
- Myself to pay direct care staff, babysitter, licensed childcare provider, or other approved alternate caregiver.
- Another licensed foster parent to care for my foster child(ren) in my absence.

Name of Alternate Caregiver: _____

Dates: From _____ to _____ for a total of ____ days.

Foster Child Name(s)	Date of Birth	Assigned Caseworker

In selecting the care provider, I have considered the unique needs and behaviors of each child and have communicated the supervision requirements to maintain child safety. All medical, dental, and therapeutic appointments, as well as visitation and school transportation, have been arranged and covered. I have discussed these arrangements with the child's caseworker and have verified the care provider is in good standing with licensing and/or the child's caseworker and able to accommodate the additional children.

Thank you,

Foster Parent Signature

**** FORM MUST BE SUBMITTED NO LATER THAN 1 WEEK BEFORE ALTERNATIVE CARE. Email to:**
HSA-RespiteRequests@washoecounty.us

**** IF USING MORE THAN ONE CARE PROVIDER, PLEASE USE SEPARATE FORMS**

OFFICE USE ONLY

Approved Denied (explain) _____

Confirmed care performed for payment _____



INTEGRITY



EFFECTIVE
COMMUNICATION



QUALITY
PUBLIC SERVICE

350 S. CENTER STREET, RENO, NV 89501

WWW.WASHOECOUNTY.US