



WASHOE COUNTY HUMAN SERVICES AGENCY

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

Date: _____

I, _____, am applying for respite funds to be
(foster parent)

paid to _____ to care for the following foster children:
(identified respite provider or list self if utilizing funds towards a family vacation)

(children's names)

for the following days:

_____ to _____ for a total of _____ days.
(date) (date) (#)

In selecting the respite 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 respite provider is in good standing with licensing and able to accommodate the respite children.

Thank you,

Foster Parent Signature

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

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

OFFICE USE ONLY

Approved Denied (explain) _____

Confirmed respite performed _____



INTEGRITY



EFFECTIVE
COMMUNICATION



QUALITY
PUBLIC SERVICE

350 S. CENTER STREET, RENO, NV 89501

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