

# Respite Care Contract

Fees for respite care are \$100.00 a day or \$3000.00 a month. A daily fee covers a 24 hour period. A monthly fee covers 24 hours a day, 7 days a week for a calendar month.

If additional therapies are agreed upon for the child in my care and travel is necessary to take child to agreed upon therapy than additional expense for travel will be parent's responsibility. The agreed upon amount will be paid before traveling to the scheduled appointment.

Options for payment are as follows:

1. Payment in full on the first day child comes into my care for the month.\*
2. Payment divided in half and first half paid on the 1<sup>st</sup> of the month and the 2<sup>nd</sup> payment paid on the 15<sup>th</sup> of the month.\*
3. Payment divided between 4 weeks in the month and paid on each Friday of each week.\*

I, \_\_\_\_\_ agree to payment option # \_\_\_\_\_.

\*Payment for selected option is due at time that child is placed in my care.

I am available for phone conversation in the evening between 7:30 PM and 8:30 PM Pacific Time.

You are welcome to text me during the day, just know that often my time is limited so it may take a while but I will answer as soon as possible.

I understand how stressful it can be to have your child in respite. We are a team and I am on your side! I will do my best to keep communication open and if you ever have any concerns, I encourage you to bring them to me so we can be on the same page. Respite is a relationship that must be built on trust. Parents trusting that I am as a respite provider, utilizing the training, experience and knowledge I have acquired and am implementing that with your child. Parents are in charge of how they want to proceed forward with their child. I am happy to share my concerns and opinion of where we are in the process along the way but always know that you are in charge as far as how long child stays and what therapies the child receives while in respite care.

I, \_\_\_\_\_ (parent, guardian), hereby release my child, \_\_\_\_\_ (child's name) into respite care with Beth Houston beginning Sept 7<sup>th</sup>, 2013. I agree to pay for this respite care in the pro-rated amount of \$2300 for September and \$3000.00 a month beginning on Oct. 1<sup>st</sup>, 2013.

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Signature of Parent

## **Contact Information:**

## **Goals for Olivia Gray while he is in respite?**

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

Phone Numbers:

Home: (\_\_\_\_\_) \_\_\_\_\_

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

Emergency Contact:

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

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

Phone: (\_\_\_\_\_) \_\_\_\_\_

Therapist: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_