



## Respite Verification

14900 Bogle Drive, Suite 200 • Chantilly, VA 20151-1652 • 703-817-9890 • FAX 703-817-9860 • [www.fcsva.org](http://www.fcsva.org)

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*Respite **MUST** be pre-approved by the child's Case Manager. If you are unsure, if your respite has been approved, please call the office as you will not be paid for the respite if it is not pre-approved.*

Respite for (Child's Name): \_\_\_\_\_

Dates of Respite: \_\_\_\_\_

Total Respite: (Bed Nights) \_\_\_\_\_ Total Re-Directed (Bed Nights) \_\_\_\_\_

Respite Provided by: \_\_\_\_\_  
Print Name(s) of Foster Parent(s) Providing Respite Care

Child's Foster Family: \_\_\_\_\_  
Print Name(s) of Child's Foster Parent(s)

\_\_\_\_\_  
Signature of Child's Foster Parent

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Authorization Signatures

\_\_\_\_\_  
Case Manager

\_\_\_\_\_  
Lead Case Manager

**\*Only one child per Respite Verification.** The family providing the respite care (family who will receive payment) is responsible for obtaining a signature from the foster family requesting the respite and submitting the form to FCSVA for authorization **by the 10<sup>th</sup> day after the respite is completed or you may NOT BE PAID for the respite.** **Incomplete forms and forms with more than one child will not be forwarded to accounting for payment. Thank you for your cooperation.**