CFWB RESPITE SUPPORT SERVICES PROGRAM
RESPITE CARE AGREEMENT AND CLAIM FORM
Health and Human Services Agency

*Please make sure that all information is complete and **please print legibly** before submitting. Missing information will require resubmission.*

Resource Parent Name & RFA#:	Respite Provider/Payee Name:
Address:	Address:
City: Zip:	City: Zip:
Phone Number:	Phone Number:
Identify how your respite provider has been cleared: ☐ **Resource Family Approval (RFA)** ☐ **Certified Respite Provider**	Respite Provider/Payee last 4 digits of SSN or Tax ID number:

CLAIM FOR THE MONTH OF: Month Year

Session 1

Name of Respite Eligible Child: DOB: Total # of Children:

Date In: Time In: Date Out: Time Out: Total Hours:

Service Level # of Regular Hours/Rate: OFFICE USE ONLY # of OT Hours/Rate: Total Hours/Payment:

Session 2

Name of Respite Eligible Child: DOB: Total # of Children:

Date In: Time In: Date Out: Time Out: Total Hours:

Service Level # of Regular Hours/Rate: OFFICE USE ONLY # of OT Hours/Rate: Total Hours/Payment:

Session 3

Name of Respite Eligible Child: DOB: Total # of Children:

Date In: Time In: Date Out: Time Out: Total Hours:

Service Level # of Regular Hours/Rate: OFFICE USE ONLY # of OT Hours/Rate: Total Hours/Payment:

Total CFWB Respite Support Services Claim Hours:

I acknowledge and understand that payment for the respite provider's services will be made on behalf of the resource parent by the County of San Diego Health and Human Services Agency. ***I adhere to the terms and conditions stated on the back of this agreement and I hereby certify that the information on this agreement/claim form is true and accurate.***

Resource Parent Signature Date

Respite Provider Signature Date

Reviewed by Respite Program Assistant Date

Respite Program Coordinator Date

HHSA AGREES TO PAY THE RESPITE PROVIDER: For services rendered upon receipt of a properly completed respite claim form, with payment to occur approximately 6 to 8 weeks after claims have been received and approved. Any false information reported on this form may result in a Respite Provider being removed from the approved list.

Revised 07/2024

CLAIM FORMS:

- Are due no later than 30 calendar days following the month of service.
- Original claim forms must be completed, signed, and submitted after the services have been provided.
- Total respite care hours will not exceed 34 hours per calendar Month per resource family. For excess respite hours, Social Worker must submit required documentation to obtain pre-approval from the respite program coordinator.
- Service Level 2 requires CFWB Respite Program pre-approval.
- Unused respite hours do not accumulate month to month.
- Completed claim forms are to be submitted to the County of San Diego.

RESOURCE PARENTS:

- You must have at least one **dependent child of San Diego County CFWB** placed in your home.
- Caregivers with a closed RFA are *not* eligible for respite care services.
- The respite provider cannot live in the same household as the resource parent.
- Respite services may not be used to provide respite services to other families.
- A resource parent may *not* provide CFWB Respite unless notified of **approval** by CFWB Respite Program.
- A resource parent may *not* provide overnight respite if they are at capacity.
- A resource parent may *not* provide respite if they have a child specific RFA approval.
- CFWB Respite Services may *not* be used simultaneously with Options respite services:
  - Options resource parents with at least one Options child will use Options Respite only and should request services from the Options Program.
  - Options resource parents with no Options children in their home, are eligible for CFWB Respite Services only and should request services from CFWB Respite Services Program.
  - Options resource parents may use both Options & CFWB Respite within the same month, *never at the same time,* only when Options child leaves & resource parent takes placement of Non-Options child within the same month.
  - Contact Options Respite Program prior to using respite hours, if you are unsure.
- CFWB Respite Program is *not* responsible for payments if the resource parent or child does *not* meet eligibility.
- Contact CFWB Respite Program prior to using respite hours, if you are unsure.

RESPITE PROVIDERS:

- The Respite Provider will not provide respite for more than one family at a time from any other than respite program, including, but not limited to, Options Respite.
- Must be either a RFA or a Certified Respite Provider, both approved by the CFWB Respite Program.
- Will not receive payments for any dates that their RFA is on HOLD or INACTIVE status.

For questions on submitting claims or other CFWB Respite Services Program inquiries, please email CFWB Respite Services Program: **CWSRespite.HHSA@sdcounty.ca.gov**

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