

# Respite Information Form



1225 North Main Street, Suite 102  
Office: (719) 583-2200 After Hours: (719) 251-8303

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Child's Name: \_\_\_\_\_ Bridges Worker: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Caseworker Name: \_\_\_\_\_  
State ID: \_\_\_\_\_ SSN: \_\_\_\_\_ Caseworker Phone: \_\_\_\_\_  
Pueblo Police: 549-1200 Pueblo County Sheriff: 583-6250 Pueblo County DSS Crisis: 583-6699  
Foster Parents' Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
FP Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone 2: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent's Name: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_  
Parent's Address: \_\_\_\_\_

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Current medications, schedule and dosages:

Specific instructions relating to this respite period: (i.e. approved visits, appointments, job, hours, place of employment, etc.)

Current behavioral concerns:

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Respite provider comments regarding visit/respite period:

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Drop off time and place: \_\_\_\_\_

Pick up time and place: \_\_\_\_\_

Total agreed upon financial compensation : \$ \_\_\_\_\_

Placement Foster Parent Signature: \_\_\_\_\_

Respite Foster Parent Signature: \_\_\_\_\_