

**Respite Agreement**

Child’s Name

Date

Respite Services Approved on the Individualized Family Support Plan:

Hours of respite to be provided:       hours per      (week/month)

Beginning authorization date of respite services

 Ending authorization date of respite services:

Rate for Respite Services Negotiated by the Family:

I agree to the following (check each item):

[ ]  Make all arrangements for the delivery of respite.

[ ]  If respite payment was provided in advance, all unused funds must be returned to the Early Steps within 30 days after the end of the respite authorization period if my family does not receive respite services for the number of hours during the time frame authorized on my Individualized Family Support Plan.

[ ]  Select a provider who is not a family member (mother, father, sibling, aunt, uncle, grandparent, step-relative or in-laws).

[ ]  Complete and return required respite documentation within 30 days after the end of the respite authorization period.

Parent/Caregiver Name (Printed)

Parent/Caregiver Signature Date

Service Coordinator Signature Date