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Parent consent for release of information

This is a referral letter requesting **Respite Care** for the following children:

To be completed only by licensed professional or CPS worker.

Family name: _____ Phone #: _____

Address _____

Proposed Child Care Schedule

Child's Full Name	Birth date	Mon	Tue	Wed	Thu	Fri	Sat	Sun

STATEMENT OF NEED:

_____ Child is identified as abused, neglected or exploited and is receiving child protective services, and child care and development services are a necessary component of the child protective services plan;

OR

_____ Child is at risk of abuse or neglect or exploitation and child care and development services are needed to reduce or eliminate the risk;

OR

_____ Incapacitated Parent

SERVICE PLAN: (Respite funding requires that there be a service plan)

- | | |
|-----------------------------|---------------------------|
| _____ Individual Counseling | _____ Night group therapy |
| _____ Support group | _____ Day group therapy |
| _____ 12-step meetings | _____ Parent education |
| _____ Other (specify) _____ | |

Describe Proposed Service Plan (activities): _____

Probable Duration of need for respite care: _____

Typed/Printed name of Professional _____ Title _____ License number (required) _____

Agency name (if applicable) _____ Address _____ Telephone Number _____

Signature of Professional _____ Date _____