

OFY RESPITE CARE ADJUSTMENT REPORT

Child's Name: _____

You have been provided with this foster child's Treatment Log Book containing important information and planning documents including the child's Service Plan for your use in providing respite care.

Did you receive the child's Treatment Log Book and Service Plan? Yes No

The following Adjustment Report must be completed and returned to the OFY Foster Caregiver or OFY Case Manager in order to complete this occasion of respite care and for you to receive payment for the respite care that you provided to this child.

Adjustment Report

Dates of this Respite Care: from _____ to _____

1. Were there any problems with the drop-off and/or pickup (including transportation) of the child? Yes No

Comments: _____

2. Did any unusual incidents occur during the respite care? Yes No

Comments: _____

3. Were there any health, medical, and/or dental problems during the respite care?
 Yes No

Comments: _____

4. Were there any school or preschool problems during the respite care?

Yes No

Comments: _____

5. Were there any social, emotional, and/or behavioral problems during the respite care?

Yes No

Comments: _____

6. Did the OFY Case Manager see the Foster child during the respite care?

Yes No Date the child was seen _____

7. Rate the foster child's overall adjustment to this respite care placement:

Poor Fair Average Good Excellent

8. Other Comments: _____

Respite Care Provider Signature Date

White: Foster Caregiver Record * Yellow: Foster Child Record * Pink: Treatment Log Book