

CWS 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: <input type="checkbox"/> Resource Family Approval (RFA) <input type="checkbox"/> Certified Respite Provider	Respite Provider/Payee last 4 digits of SSN or Tax ID number:

CLAIM FOR THE MONTH OF: _____
Month Year

	Name of Respite Eligible Child:	DOB:	Total # of Children:
Session 1	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 40%;" type="text"/>
	Date In: <input style="width: 15%;" type="text"/>	Time In: <input style="width: 15%;" type="text"/>	Date Out: <input style="width: 15%;" type="text"/>
	Time Out: <input style="width: 15%;" type="text"/>	Total Hours: <input style="width: 40%;" type="text"/>	
	Level of Care: <input style="width: 20%;" type="text"/>	<div style="display: flex; justify-content: space-between;"> <div> # of Regular Hours/Rate: <input style="width: 20%;" type="text"/> </div> <div> OFFICE USE ONLY # of OT Hours/Rate: <input style="width: 20%;" type="text"/> </div> </div>	Total Hours/Payment: <input style="width: 40%;" type="text"/>
Session 2	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 40%;" type="text"/>
	Date In: <input style="width: 15%;" type="text"/>	Time In: <input style="width: 15%;" type="text"/>	Date Out: <input style="width: 15%;" type="text"/>
	Time Out: <input style="width: 15%;" type="text"/>	Total Hours: <input style="width: 40%;" type="text"/>	
	Level of Care: <input style="width: 20%;" type="text"/>	<div style="display: flex; justify-content: space-between;"> <div> # of Regular Hours/Rate: <input style="width: 20%;" type="text"/> </div> <div> OFFICE USE ONLY # of OT Hours/Rate: <input style="width: 20%;" type="text"/> </div> </div>	Total Hours/Payment: <input style="width: 40%;" type="text"/>
Session 3	<input style="width: 95%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 40%;" type="text"/>
	Date In: <input style="width: 15%;" type="text"/>	Time In: <input style="width: 15%;" type="text"/>	Date Out: <input style="width: 15%;" type="text"/>
	Time Out: <input style="width: 15%;" type="text"/>	Total Hours: <input style="width: 40%;" type="text"/>	
	Level of Care: <input style="width: 20%;" type="text"/>	<div style="display: flex; justify-content: space-between;"> <div> # of Regular Hours/Rate: <input style="width: 20%;" type="text"/> </div> <div> OFFICE USE ONLY # of OT Hours/Rate: <input style="width: 20%;" type="text"/> </div> </div>	Total Hours/Payment: <input style="width: 40%;" type="text"/>
Total CWS Respite Support Services Claim Hours: <input style="width: 40%;" type="text"/>			

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
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Respite Provider Signature _____ Date _____

Reviewed by Respite Program Assistant	Date
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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.

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.
- Level of Care: #2 requires CWS 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 CWS** 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 CWS Respite unless notified of **approval** by CWS 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.
- CWS 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 CWS Respite Services only and should request services from CWS Respite Services Program.
 - Options resource parents may use both Options & CWS 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.
- CWS Respite Program is not responsible for payments if the resource parent or child does not meet eligibility.
- Contact CWS Respite Program prior to using respite hours, if you are unsure.

RESPITE PROVIDERS:

- Must be either a RFA or a Certified Respite Provider, both approved by the CWS 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 CWS Respite Services Program inquiries, please email CWS Respite Services Program: **CWSRespite.HHSA@sdcounty.ca.gov**