



**AGREEMENT TO FURNISH RESPITE CARE**  
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES  
 CHILDREN AND FAMILY SERVICES  
 SFN 929 (7-2020)

This agreement is entered between the North Dakota Department of Human Services and:

Licensed Foster Care or Child Care Provider (Provider)			Provider Number
Date License Effective	Date License Expires	Current Bed Capacity (Number of Beds)	Respite Bed Capacity (Number of Beds)

This agreement is in addition to the license issued by the Department. A temporary license amendment is not required in order for a licensed foster parent to provide respite. This agreement will be kept on file in the event the number of beds when providing respite exceeds the number on the license. The licensed provider agrees to provide temporary **respite care** for the child identified.

**Agency, Custodian, or Primary Foster Parent (Primary Placement) will**

1. Provide necessary information regarding a safety plan, emergency contact information, the child's medications, daily schedule, including any appointments, school events, etc.
2. Provide enough supplies; clean clothes, toiletries, special blanket or stuffed animal, diapers, wipes, formula for the duration of the stay. Respite Providers will not receive reimbursement for supplies.
3. Review the license to ensure space, bed accommodations are appropriate, if applicable.

Provider shall keep confidential all records relating to this agreement except when the records must be open for inspection by Department or its designated representatives.

Child	Child's Custodian/Agency
Respite Start Date	Respite End Date ( <i>not to exceed 96 hours</i> )
Child's Emergency Contact	Emergency Contact Telephone Number(s)

Foster Care Child valid custody order with a public agency	Non-Foster Care Child receiving services by a public agency
<input type="checkbox"/> Foster Care Provider <input type="checkbox"/> Child Care Provider (only for a foster child in an unpaid placement. Day hours only. No overnights. Limited to 10 hours/week) unless otherwise approved by CFS.) <b>Rates:</b> <input type="checkbox"/> Daily = \$38 or \$ _____ If the foster child has an EMP a respite daily rate can be increased based on the EMP. However, a respite daily rate cannot exceed \$75/day for any case.  <input type="checkbox"/> Additional Costs = \$ _____ This may include the cost of transportation to appointments or school, or the cost of licensed child care during working hours, if needed.	<input type="checkbox"/> Foster Care Provider (overnights allowed-up to 96 hours) <input type="checkbox"/> Child Care Provider (day hours only)  <b>Rates:</b> <input type="checkbox"/> Daily = \$38 or \$ _____ Child care provider will receive \$38/day unless otherwise determined by a bill/invoice indicating the community rate which exceeds \$38.  <input type="checkbox"/> Additional Costs = \$ _____ This may include the cost of transportation to appointments or school. For a foster care provider, this may include the cost of licensed child care during working hours, if needed.

**Department shall reimburse the Provider:**

Number of Days	x	Rate	+	Additional Costs	=	Total
----------------	---	------	---	------------------	---	-------

Comments/Details of Additional Costs \*\*Attach child care bill, if required.

Payment (mark one that applies)

Licensed provider requires reimbursement from the Department.

TFC Provider - Agency Client, No payment from the Department.

TFC Provider - Non-client, Department will pay TFC provider directly.

It is further agreed that this agreement does not constitute an employer/employee relationship between Department and Provider, that this agreement may be terminated by either party by giving 30-days' written notice, and that there are no other agreements, either oral or written, that impact this agreement.

**Signature Section:**

Department Signature	Date
Provider Signature	Date

**Copy to:**

- Foster Care Licensing File
- Child's File
- NDDHS-Children and Family Services (payment purposes)