**Four Oaks**

This form is valid for adoption respite occuring between July 1, 2024 and June 30, 2025. **This form must be received by July 7, 2025 in order for a provider**

**to receive payment for respite occurring between the above dates.** If the respite provider is providing 10 days of respite for over 5 children within the year,

a W-9 form will need to be completed and submitted by them as well.

Address

City

State

Zip

Cell Phone

County

Email

Date:

This form must include signatures in order to be processed. Payment will be mailed directly to the Respite Provider listed on page 2 of this form. Allow 3-4 weeks for processing.

Mail or Email Signed and Completed Forms to:

***Four Oaks Foster and Adoptive Family Connections***

6900 NE 14TH St Suite 25 Ankeny, IA 50023

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This form is valid for adoption respite occurring between **July 1, 2024 and June 30, 2025**. **All respite is now required to be submitted for payment within 60 days of it occurring.**  Respite occurring the last 60 days of FY 25 have to be received by July 7, 2025 to be paid. If the respite provider is providing 10 days of respite for over 5 children within the fiscal year a W-9 form will need to be completed and submitted by them as well.

**ADOPTION/SUB GUARD RESPITE FORM**

**ADOPTION/SUB GUARD RESPITE FORM**

Adoption Respite is a program available to adoptive and subguardenship families for their subsidized adopted/sub guard children under the age of 18 and 21 if the subsidy is extended. Each child who receives a subsidy is eligible to receive up to ten (10) days of respite care each fiscal year at $20 per day. **By signing below, I certify that Respite Services were provided during the dates listed on the following page with the listed Provider and the children receiving adoption respite have had a finalized subsidized adoption or guardianship. Respite forms MUST be sent in for processing and payment within 60 days of respite occurring. If forms are sent in past the 60 days of the respite occurrence the respite will NOT be paid to the Claimant.**

Signature of Adoptive/Sub Guard Parent:

Signature of Adoptive/Sub Guard Parent:

**ADOPTIVE/SUB GUARD PARENT INFO**

Adoptive/Sub Guard Parent(s) Name:

[Foster-adopt@fouroaks.org](mailto:Foster-adopt@fouroaks.org)

Four Oaks Adoption & Permanency Support Caseworker:

Attn: Adoption Admin

**Four Oaks**

**PROVIDER INFORMATION**

Respite Dates:

**Start (mm/dd/yy)**

**End (mm/dd/yy)**

Number of Respite Days:

Address

City

State

Zip

Cell Phone

Email

Is Provider an adult (age 18 or older)?

(y/n)

Signature of Respite Provider:

Signature of Respite Provider:

Date:

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Name of Person(s)Providing Respite:

(Multiple dates can be put on one form)

***Name of child(ren)***

***Age of child (ren) at time of respite***

Respite Care was provided for the following Adopted/Sub Guard Children:

**Foster and Adoptive Family Connections ADOPTION/SUB GUARD RESPITE FORM**