



## Application for Respite Reimbursement Grant

ND Post Adopt Network offers a limited amount of reimbursement through grants for respite services. This is to assist in providing the caregiver an opportunity for a temporary rest from parenting duties. Respite provides short-term breaks for parents so they can relieve stress, renew their energy, and restore a sense of balance to everyone in the family.

### Qualifications

1. A family is eligible to apply if the identified child joined the family through adoption or guardianship and is under the age of 18.
2. Adoptive/guardianship families must find their own respite provider. Drop-off childcare facilities will be accepted.
3. Families approved to receive a respite grant must meet with their Post Adopt Coordinator per agreed upon.

Families can be approved up to either **Option 1:** 2 overnights for \$135 or **Option 2:** 15 hours of respite for \$135 per child who joined the family through adoption or guardianship and is under the age of 18. ND Post Adopt Network has the right to approve or deny based on a case by case status and/or increase or decrease nights and/or number of hours based on need and available resources. ND Post Adopt Network has the right to approve or deny families based on discretion.

### Directions

1. Parents must complete PART A below and a W-9 form.
2. Respite Provider must complete PART B.
3. Submit PART A, W-9 form, and PART B to your Post Adopt Coordinator.
4. Once approved, you will be notified by your Post Adopt Coordinator, who will give approval for you to schedule the respite time with your identified respite family.
5. Once respite occurs, you need to complete Part C, Respite Care Reimbursement Receipt of Payment form in its entirety by the 5th business day of the following month. All incomplete reimbursement or late requests returned may result in delay of reimbursement.
6. You will receive payment in two weeks. Once you receive the reimbursement check, it is your responsibility to pay the respite provider.
7. Failure to comply with paying your respite provider is unacceptable and will require you to repay ND Post Adopt Network.





**Youth Information**

Name	Date of Birth	Grade Level
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List Behaviors and/or Diagnoses:

List Current Providers and/or Services Involved:

How are you hoping respite will help your family? Please describe your circumstances that represent the need for respite and how respite would be beneficial to you and your family.

**To be Completed by ND Post Adopt Coordinator & Supervisor**

Date form was received: \_\_\_\_\_

Youth is approved for:  
 **Option 1:** 2 overnights       **Option 2:** 15 hours of respite

Total amount for respite services: \$ \_\_\_\_\_

Additional information:  
 \_\_\_\_\_  
 \_\_\_\_\_

_____	_____
ND Post Adopt Coordinator	Date
_____	_____
ND Post Adopt Supervisor	Date



**PART B**  
**To be Completed by the Respite Provider**

Respite Provider(s)

\_\_\_\_\_

Full Legal Name (Provider 1)

\_\_\_\_\_

Full Legal Name (Provider 2)

Address: \_\_\_\_\_

Street                      City                      State                      Zip                      County

Provider's Relationship to the Youth: \_\_\_\_\_

Respite Provider One	Respite Provider Two
Date of Birth: _____	Date of Birth: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

**Please place a check mark next to the box to indicate your consent to each area below:**

- I understand that after services are provided and Part C of the Respite Care Reimbursement Receipt of Payment form is completed and submitted, ND Post Adopt Network will send the grant money to the Parent(s). The Parent(s) are required to pay you, the Respite Provider, the entire grant amount for the services rendered.
- I understand that ND Post Adopt Network is in no way responsible for the direct delivery or supervision of you, the Respite Provider and the ND Post Adopt Network is not liable for any act or omission by you as the identified Respite Provider, the Parent(s), or the child(ren) involved. If damages occur, it will be the Parent's responsibility and liability.
- I understand that by law, ND Post Adopt Network Coordinators are mandated to report any suspicions of abuse and neglect to Social Services.



**NORTH DAKOTA  
POST ADOPT NETWORK**  
A SERVICE OF THE AASK PROGRAM



Catholic  
Charities  
North Dakota

**Respite Reimbursement Receipt of Payment  
Part C**

All reimbursement requests must be postmarked by the fifth business day of the following month in which respite care was provided. Complete a **separate reimbursement request for each child and/or respite care provider**. All incomplete reimbursement requests will be returned which may result in delay of reimbursement.

***To be Completed by the Parent***

Youth's Name: \_\_\_\_\_ Youth's Date of Birth: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Address (Including city, state, zip): \_\_\_\_\_

**Option 1:** Date overnight(s) occurred: \_\_\_\_\_ and \_\_\_\_\_

**Option 2:** Amount of hours used in the month: \_\_\_\_\_

Provider's Name: \_\_\_\_\_ Provider's Phone Number: \_\_\_\_\_

Provider's Address (Including city, state, zip): \_\_\_\_\_

**Please place a check mark next to the box to indicate your consent to each area below:**

- The rates listed above are true and correct.
- I understand that ND Post Adopt Network will only pay for the hours approved and any additional hours provided will be paid in agreement with the parent.

**I DECLARE UNDER PENALTIES OF LAW THAT THIS CLAIM IS JUST AND CORRECT AND THESE SERVICES HAVE BEEN PROVIDED DURING THE PERIODS SPECIFIED.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

***To be Completed by ND Post Adopt Coordinator & Supervisor***

Date form was received: \_\_\_\_\_

Total number of: \_\_\_\_\_ Hour(s) and/or \_\_\_\_\_ Night(s)

Total amount for respite services: \$ \_\_\_\_\_

\_\_\_\_\_  
ND Post Adopt Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
ND Post Adopt Supervisor

\_\_\_\_\_  
Date