|  |  |  |
| --- | --- | --- |
| A cd with a picture of a group of people on it  Description automatically generated with low confidence |  | Respite / DCSM Checklist  **Before providing respite for any child, you must first have permission from your licensing worker. Additionally, the foster parent asking for respite must have permission from their licensing worker.**  Things to consider:   * Do you have the space in your home to accommodate more children? * Do you have the space and car seats available to accommodate more children in your vehicle?   What to ask the resource parent and/or worker prior to providing respite:   * Any appointments for the child(ren) while in your care:   + Medical:   + Dental:   + Therapy:   + Psychiatric:   + PSR/BST:   + PT/ OT: * Allergies / Dietary restrictions: * Medication(s): * Visitation – days, times, parents visits together or separate, sibling visitation * School/Daycare & transportation: * Important boundaries/triggers, behaviors and/or supervision requirements: * Routines in home where they currently reside:   Contact information  Child(ren)’s Case worker:  Phone number:       Email:  Child(ren)’s Therapist:  Phone number:       Email:  Child(ren)’s Attorney:  Phone number:       Email:  Placement & Support Specialist for any respite questions:  Heather Wenker  [hwenker@washoecounty.gov](mailto:hwenker@washoecounty.gov) |
| **Dates requesting:**  **Child’s Name:**  DOB:  **Child’s Name:**  DOB:  **Child’s Name:**  DOB:  **Resource Parent:**  Contact information:  **AFTER HOURS NUMBER:**  833-900-SAFE (7233)  **Medical Unit**  775-284-2763  2097 Longley Lane  **FEC**  775.352.3230  905 E Prater Way  **Resource Parent Head Quarters (HQ)**  775.337.4488  2395 East Prater Way  **WEBSITE:**  www.washoecounty.us/hsa  www.jitnevada.org |  |