



Dear Foster Parent or Kinship Family:

Thank you for your interest in receiving respite support from our organization. We are looking forward to meeting you and your children! As you may know, the Foster and Kinship Respite Program is funded by the County of Ventura. The service is FREE to your family and there is no hourly co-pay for the respite services you receive!

Families must meet the following minimum criteria to be eligible to receive respite services:

1. Currently have a child living in your home under a Ventura County court-ordered placement AND
2. Have a child who is under nine (9) years old in placement. Written approval by the family's County Social Worker is required to consider services if all children are over age nine.

Respite care allows the primary guardians to have a short break from the care of their children by using certified, screened, and trained caregivers. Parents may go out on a date night, spend time with friends and other relatives, spend quality time with their children individually, run errands or even catch up on sleep! Respite allows you to recharge so you can continue to provide the best care possible.

Please complete and submit the following information to our office so we can get you started receiving the respite care you need. If you have ANY questions about this process, please give us a call. Once we have received all of your information, we will call you to verify the information and begin the process of matching you with a trained Respite Caregiver.

**Family Intake Packet** which includes:

- Family Preferences Form
- Respite Participation Agreement
- Participation Consent and Authorization to Share Confidential Information

**Child Intake Packet:**

- Child Preferences Form for ALL children who will be supervised in the CISS Respite program

**Children in Placement require the Child Preferences Form PLUS:**

- Authorization for Emergency Medical Treatment
- Copy of the child's Ventura County Placement Agreement

Thank you again and we look forward to meeting you and your family soon!

Sincerely,

A handwritten signature in cursive script that reads "Sharon M. Francis".

Sharon M. Francis  
Chief Executive Officer  
[Sharon@IslandSocialServices.org](mailto:Sharon@IslandSocialServices.org)



## **Foster & Kinship Respite - Family Preferences Form**

*CISS believes in matching families and their children with qualified Respite Caregivers to enable the highest degree of compatibility and success of the in-home respite program. Please complete the following information. It will only be shared with CISS employees who are required to keep all information confidential in accordance with HIPAA-related practices.*

### **A. Family Contact Info**

**Foster Parents' Names:** \_\_\_\_\_

I/We are a Licensed Foster Home with a max. capacity of \_\_\_\_\_ children (please attach copy of license)

I/We are Kinship Caregivers and we are the children's \_\_\_\_\_  
(Describe your relationship to the children)

**Home Address:** \_\_\_\_\_  
(Street) (City) (Zip Code)

**Mailing Address (if different):** \_\_\_\_\_

**Email:** \_\_\_\_\_  
(Email addresses are kept completely confidential and only used for infrequent agency communication, which you can opt out of at anytime.)

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ Primary # ?

**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ Primary # ?

**Please list an emergency contact below, other than yourselves, should you not be reachable by phone during respite care:**

**Emergency Contact Name:** \_\_\_\_\_ **Relation:** \_\_\_\_\_

**Phone 1:** (\_\_\_\_) \_\_\_\_\_ **Phone 2:** (\_\_\_\_) \_\_\_\_\_

### **B. Other Relatives Living In Our Home:** *Please list in order of age, youngest first, with full names.*

*DOB's only required on children. Do not list children in placement below - list on the separate form entitled **Child Preferences Form***

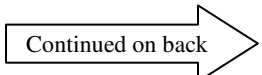
1. Name: \_\_\_\_\_ Relationship to Parents: \_\_\_\_\_ DOB: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to Parents: \_\_\_\_\_ DOB: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship to Parents: \_\_\_\_\_ DOB: \_\_\_\_\_

4. Name: \_\_\_\_\_ Relationship to Parents: \_\_\_\_\_ DOB: \_\_\_\_\_

Are any of the above individuals receiving services through TCRC?  Yes  No and/or VCBH?  Yes  No  
If so, your family may qualify for additional respite through these organizations. CISS requires diagnostic and treatment information on any children in the home receiving supervision in the CISS respite program to share with your Respite Caregiver.



**C. General Respite Schedule:**  Hours are fairly consistent  Hours vary  May use \_\_\_\_x Week  
 Please list below the times in which you generally may request respite care (reminder: min. 2 hours per visit)

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
A							
M							
P							
M							

How many children will typically require supervision during respite care? \_\_\_\_\_

**Please note!** Each Respite Caregiver may have personal preferences about the number and ages of children they feel they can safely supervise. CISS allows up to four (4) children to be supervised by one Respite Caregiver at a time; however, this depends on the ages and diagnoses of the children. Any questions should be directed to the Family Support Specialist at CISS, and not the Respite Caregiver. CISS Caregivers are reimbursed an hourly wage to care for up to four (4) children at one time. The family and the Respite Caregiver should work out private pay arrangements for additional children, at the discretion of both parties. The CISS Respite Program does not collect any fees from the families for using the respite program.

**D. Caregiver Preferences:** *Please check one or both options below that apply to your family. CISS will make every effort to make the best match possible, but the family ultimately will decide when a match is made.*

- We would prefer to have some help in recruiting a caregiver for us to interview.
- We are referring \_\_\_\_\_ to support our family. We have met him/her, confirmed his/her active employment status with CISS and we believe they can meet our family's needs.

Primary language spoken in the home: \_\_\_\_\_

Our family would prefer receiving care from:  No Gender Preference  Males  Females

We would prefer the caregiver be \_\_\_\_\_ years old to \_\_\_\_\_ years old  No Age Preference

We prefer to receive care from someone experienced in the following areas: \_\_\_\_\_

**E. Home Environment:** *Please identify the following factors which have also been proven to be important in making a good caregiver match and protecting the health of our staff: (Check all that apply)*

Does anyone in your family smoke inside the home?  Yes  No  Outside only

Do you have any pets?  Yes  No If yes, how many and what type? \_\_\_\_\_

**Health Information, Portability, and Accountability Act (HIPAA) and Emergency Services Authorization:**

By signing this document I agree to disclose the above information to Channel Islands Social Services and their employees for the sole purpose of ensuring the quality of respite care provision, which includes recruitment of caregivers and updating of my family's confidential records. I also authorize Channel Islands Social Services to approve of emergency, life-saving medical care, which an emergency medical professional has deemed is necessary for my child, in the event that during the provision of care I am unable to be reached by phone or in person. I further understand that I may revoke this authorization in writing at any time. Additionally, such authorization shall be deemed immediately revoked upon written receipt of service cancellation.

\_\_\_\_\_  
 Signature of ALL Licensed Foster or Kinship Caregivers in Home

\_\_\_\_\_  
 Date

***Please mail this form back to us in the envelope provided or fax to (805) 384-0986. Thank you!***



## Foster & Kinship Family Respite Participation Agreement

Name of Foster Parent/Kinship Relative(s): \_\_\_\_\_

Last

First

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

Please review, sign and return this **mandatory participation form** outlining CISS Respite program standards. Please sign below that you are in agreement and will follow these agency policies and procedures while receiving our care.

### I/We understand that:

1. CISS is the employer of record and legal supervisor for the employees performing care in my home. Only CISS can hire and fire employees, but as the foster parent or kinship caregiver I can refuse to receive care at anytime from any CISS employee. I may refer individuals to be hired by CISS who are willing to help multiple families, as well as request additional caregivers to help my family. I understand that CISS makes all final decisions on employment suitability, and that details regarding employment may only be shared with applicants
2. I agree to keep careful track of my respite hours and only schedule hours up to my family's authorized amount, with a minimum of two hours used at one time. If I direct staff to work over my authorized hours, I understand that I have acted as their employer of record for that time and that I will be liable for all related payroll, tax withholding/reporting, and worker's compensation issues. I agree to keep my own accurate records of hours and Respite Caregivers who worked each day. I further understand that frequent overages may be reason for service termination.
3. I understand that the Foster and Kinship Respite services are primarily available to eligible families in which there is a foster **child under age 12, or over age 12 by Social Worker referral**, due to funding requirements. I agree to notify the CISS office within twenty-four (24) hours should my foster home license change or be revoked, or if there is a change in placement. I understand that I will be responsible to reimburse the Respite Caregiver or CISS directly should I fail to disclose these changes to CISS in a timely manner.
4. I understand that eligibility for respite services ends upon my adoption or establishing of legal guardianship of the child in foster or kinship placement in my home. I agree to notify CISS of this and understand that I will be responsible to reimburse the Respite Caregiver or CISS directly should I fail to disclose these changes to CISS in a timely manner.
5. I shall sign the Respite Caregiver's timecard at the end of each shift after verifying all listed hours and miles. My signature on the timecard verifies the accuracy of the reported information. I further understand that a timecard is a legal document and that any falsifications are considered fraud and are reportable to law enforcement and the funding agency with immediate suspension of services until the issue is resolved.
6. Work hours and Scheduling care - I understand that Respite Caregivers are considered part-time "Domestic Homecare Workers" and Personal Attendants by the Federal government. According to the Department of Labor's Fair Labor Standards Act (FLSA), overtime pay applies to this position. I further understand that the Agency has a policy by which Respite Caregivers schedule their work hours directly with customer families, up to their authorized limits, and that all scheduled work weeks may not exceed forty (40) hours per week (total work hours, not just hours worked for one family) and 9 hours in a workday for families in this program.

7. I agree to timely communicate any concerns, complaints, and injuries directly to the CISS Family Services staff, and to keep this information confidential. I will also timely communicate any changes in my foster child's medications, behaviors, and/or behavioral plans to CISS and my Respite Caregivers.
8. I have read the job description for my Respite Caregivers and agree to only request supports that fall within the duties description. When in doubt, I will call the CISS Family Services staff for clarification.
9. I will not request that my biological children be supervised by the Respite Caregivers until rapport is built and a safe level of supervision for all children can be maintained. I will not request any supervision or transport for non-family members during respite care (eg. my children's friends, neighbors, etc...). I understand that CISS receives funding through a contract with the County of Ventura to compensate the Respite Caregivers for my family's respite care. I agree to negotiate a separate additional compensation arrangement with the Respite Caregivers for supervising four or more of my children at the same time. I understand that I may also request care from two Respite Caregivers at the same time should my children's needs necessitate closer supervision.
10. I will timely communicate with my Respite Caregivers to ensure my scheduling needs are met. Scheduling requests shall be made directly with my Respite Caregivers with preferably seventy-two (72) hours notice. I understand that I must contact CISS when I wish to request a change in support staff or when my scheduling requests cannot be met with my existing Respite Caregivers so that a back-up Respite Caregiver may be recruited. I further understand that frequent and/or last minute cancellations on my part may be grounds for service termination.
11. I agree to always be available by phone when I have left my children alone in the care of the Respite Caregiver should the caregiver need advice or an emergency arises. I also agree to notify CISS immediately should any accidents or injuries to my children or Respite Caregiver occur during care.
12. Requests for transportation of my children into the community by my Respite Caregivers shall not be a frequent occurrence. It is up to each Respite Caregiver to determine if (s)he believes that my children can be safely transported to local outings. Additionally, it is my responsibility to judge the safety of the vehicle and ability of the Respite Caregiver to safely transport my loved one prior to each request. When child safety seats are required by law, I will ensure that they have been properly installed prior to any transportation occurring. All transportation shall be made in accordance with the CISS Travel Authorization form. Only CISS employees on the approved driver's list who are over age twenty-one (21) may be allowed to transport children in their care in the local community (within five miles from home) for recreational purposes only.
13. All Respite Caregivers and CISS Administration are mandated reporters of suspected abuse and neglect and as such, may need to contact protective service agencies to file reports without notifying me, in accordance with State laws. As a matter of policy, CISS staff will not verify or deny any requests to confirm such reporting.
14. If my family also receives respite care or daycare funding from another County or State program, I understand that care can only be funded by one program at a time (i.e. no "double-dipping" for same hours of care). These programs include but are not limited to: Regional Center, In-Home Supportive Services (IHSS), or Ventura County Behavioral Health (VCBH) Respite.
15. I will participate in all requested family respite meetings or home visits at a time that is mutually convenient for my family and CISS. I agree to participate in an annual satisfaction survey required by the County of Ventura and to notify CISS immediately in writing of any concerns with my respite services.
16. I will keep all emergency contact information updated and immediately accessible in my home by all Respite Caregivers. I will orient all caregivers to the location of this information, as well as all First Aid supplies prior to any care being provided.

\_\_\_\_\_  
Signature of Foster Parent or Kinship Caregiver

\_\_\_\_\_  
Date

Please sign this agreement and submit it to CISS so that your respite services may begin.

Fax (805) 384-0986 or Scan/Email to [Sharon@IslandSocialServices.org](mailto:Sharon@IslandSocialServices.org)

If you have any questions, please call us! (805) 384-0983



**Foster & Kinship Respite Program  
Participation Consent and Authorization to Share Confidential Information**

I agree to allow **Channel Islands Social Services (CISS)** to share information about me with the Children and Family Services Division of the Ventura County Human Services Agency (VC-HSA). This information will help VC-HSA learn how the respite program assists me in supporting the children placed in my home. I understand that:

- Program staff will ask me questions at the start and end of this program, or every six months. Program staff also will record the program activities I participate in.
- Program staff will ask me for my name, birth date, gender, current address, language spoken, and other information about your participation in the VC-HSA Foster & Kinship Respite Program.
- I will **not** be asked about drug or alcohol use, or any criminal arrests or convictions I might have. This program is not allowed to share this information unless I sign a different consent form.
- Only certain CISS program staff will be able to see my personal information (such as names, address, and phone number). People who can see my personal information **cannot** share it with anyone else, unless program staff believes I may be in danger of being hurt or be a danger to someone else.
- It is very important to CISS and VC-HSA. that my private information is safe. That is why my information will be protected with the utmost advanced and secure methods.
- State and federal laws protect the personal health information I share even if the Federal Privacy Rule does not do so.
- Taking part in this program and semi-annual evaluation involves very little risk to me.
- Program staff will use my information to provide better services to me. CISS staff will use my information to learn what activities and programs are most useful for children and families.
- This Authorization is voluntary; I can choose not to sign it and I will still receive the services from the contractor, CISS.
- I can always change my mind and ask that my information no longer be shared. I can do this by sending a written request to CISS at 5251 Verdugo Way, Suite G, Camarillo CA, 93012
- The authorization for release of information shall expire when revised or when my participation in the program comes to an end.

I have read, understand, and agree to this release of information.

I have read, understand, and do not agree to this release of information.

\_\_\_\_\_  
**Signature of Adult Participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date of Birth**



## Foster & Kinship Respite - Child Preferences Form

CISS believes in matching families and their children with qualified Respite Caregivers to enable the highest degree of compatibility and success of the in-home respite program. Please complete the following information. It will only be shared with CISS employees who are required to keep all information confidential in accordance with HIPAA-related practices.

**Please submit one form for each child who will be receiving care during respite.** For children in placement, the following additional forms are also required before respite services can begin:  Placement Agreement  Authorization for Emergency Medical Treatment

**Foster Parents' Names:** \_\_\_\_\_

I/We have \_\_\_\_ children in placement with us, and \_\_\_\_ other children in our home as of \_\_\_\_\_ (date).

The information below is  New  An Update *(Report all placement changes by phone to CISS within 24 hours!)*

**Child's Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_ **Gender:** M F

1. Things that our child would like the Respite Caregiver to know about them (likes, dislikes, hobbies, sensitivities):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Things we would like the Respite Caregiver to know about our child (safety considerations, routines, historical info)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3.  Foster  Kinship  Other \_\_\_\_\_ This child has \_\_\_\_ siblings and \_\_\_\_ are in our home (list names on back)

This child has lived in our home since: \_\_\_\_\_ They are expected to stay in our home until: \_\_\_\_\_

4. Child's Primary Language:  English  Spanish  Non-verbal  Other: \_\_\_\_\_

5. Name of Child's School and Grade Level: \_\_\_\_\_

6. Child requires assistance with (check all that apply)  Hygiene  Bathing  Toileting  Diapers  Uses Wheelchair

7. Child has been diagnosed with the following conditions: \_\_\_\_\_

\_\_\_\_\_

8. Allergies and/or Current Medications: \_\_\_\_\_

Will the CISS Respite Caregiver be expected to dispense medication after you have provided training?  Yes  No

9. List any special dietary or food preferences: \_\_\_\_\_

10. Child's Physician (Name/Phone) \_\_\_\_\_ Medi-Cal# \_\_\_\_\_

Child's Dentist (Name/Phone) \_\_\_\_\_

\_\_\_\_\_  
**Signature of Licensed Foster or Kinship Caregiver**

\_\_\_\_\_  
**Date**



# county of ventura

## Human Services Agency

---

Authorization for Emergency Medical Treatment  
**RE: Channel Islands Social Services Contracted Respite Care**

RE: \_\_\_\_\_ (Child) DOB: \_\_\_\_\_

**COURT AUTHORIZATION:**

The County of Ventura Superior Court ORDER FOR RELEASE OF PRIVILEGED INFORMATION AND AUTHORIZATION FOR TREATMENT authorizes foster or relative caregivers to secure medical, surgical or dental care for the above foster child that is of a routine nature or requires immediate (emergency) attention.

**CHILDREN & FAMILY SERVICES CONTACTS:**

It is understood that a conscientious effort must be made to notify the Human Services Agency children and Family Services before such an action is taken. However, the child's immediate emergency medical needs are the priority. The 24 hour contact phone for Children and Family Services is **(805) 654-3200**.

The child's Children and Family Services social worker is \_\_\_\_\_.

The social worker's phone is: \_\_\_\_\_.

**CHILD'S HEALTH CONDITIONS / NEEDS (PLEASE PRINT):**

List known allergies, medical conditions and needs:

---

---

---

List medications, dosage and frequency given:

---

---

---

Names and phone numbers of the child's physicians:

---

---

\_\_\_\_\_  
(Foster/Relative Caregiver - Printed Name & Signature)

\_\_\_\_\_  
Date

In an emergency, I can be reached at: \_\_\_\_\_  
Phone