



Foster Family Agency  
"Our Children...  
Our Communities...  
Our Legacy..."

## TRAVELING NOTIFICATION/RESPITE REQUEST FORM

Resource Parents, please fill out the top portion of this form.

Name of Child(ren): \_\_\_\_\_

Resource Parent(s): \_\_\_\_\_

Respite needed:  Yes  No, the child(ren) will be traveling with me

If no, please provide the address of where the family/child(ren) will be going:

\_\_\_\_\_

Date(s) of Travel: \_\_\_\_\_

If yes, date(s) of Respite needed: Leaving: \_\_\_\_\_ Returning: \_\_\_\_\_

### OFFICE USE ONLY

If child is traveling with the family, is a court order needed? Yes  No

Option 1: \_\_\_\_\_ Called: (Date) \_\_\_\_\_ Yes  No

Option 2: \_\_\_\_\_ Called: (Date) \_\_\_\_\_ Yes  No

Option 3: \_\_\_\_\_ Called: (Date) \_\_\_\_\_ Yes  No

If no *Ready for Life* homes available, County Social Worker was notified on: \_\_\_\_\_

Final Respite Choice Confirmed: (Date) \_\_\_\_\_

Resource Family: \_\_\_\_\_

County Social Worker Notified: (Date) \_\_\_\_\_

Current Resource Family notified: (Date) \_\_\_\_\_

Will resource parents coordinate pick up and drop off: Yes  No

If no, who is responsible? \_\_\_\_\_

Deduct payment from Placement Resource parents: Yes  No

Child's Age: \_\_\_\_\_ RP Rate: \_\_\_\_\_ Agency Rate: \_\_\_\_\_

*Treatment Rates* (RP; Agency): **0-4:** \$897; \$1808 **5-8:** \$954; \$1887 **9-11** \$994; \$1945  
**12-14:** \$1032; \$2015 **15-21:** \$1072; \$2084

*ITFC Rates* (RP; Agency): **Level I:** \$2321; \$5803 **Level II:** \$2321; \$5020 **Level III:** \$2321; \$4256

Social Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Ready for Life  
Foster Family Agency  
962 Maraglia Street  
Redding, CA 96002  
PO Box 991393  
Redding CA, 96099-1393

T (530) 222-1826  
F (530) 225-8780  
Facility Lic 455 002 824  
www.readyforlife.net



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## FOSTER CHILD TRAVELING NOTIFICATION

Name of Child(ren): \_\_\_\_\_

Resource Parent(s): \_\_\_\_\_

Date(s) of Trip: \_\_\_\_\_

Address of where the family and child are going:

\_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Phone Number(s) where they can be reached: \_\_\_\_\_

Out-of-State travel, Court Order requested:      Yes       N/A

CDL on File: Yes       No

Auto Insurance on File: Yes       No

Notations: \_\_\_\_\_

\_\_\_\_\_

Date County Social Worker Notified: \_\_\_\_\_

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