

 **ROCK-WALWORTH COMPREHENSIVE FAMILY SERVICES INC.**

**HEAD START AND EARLY HEAD START**®  *1221 Henry Ave., Beloit WI 53511*

 *Phone: 608-299-1500 or 1-800-774-7778*

 *Fax: 608-299-1629*

**RWCFS Respite Care Programming Participation Agreement**

Name of child/ren may be requesting care for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CC: \_\_\_\_\_\_\_\_

Parent/s name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As an Early Head Start (EHS) parent participant, I agree to the following in order to participate in EHS respite care programming: Please read and initial to indicate understanding of each item and then sign and date at the bottom.

\_\_\_\_\_ I understand that I must be available, attend and complete the scheduled home visit prior to day of respite care in order to take advantage of this care, except in cases of emergency as determined and approved by my Family Advocate.

\_\_\_\_\_ I agree to talk about my reason for needing care with my assigned Family Advocate each time it is needed.

\_\_\_\_\_ I agree to drop off my child and pick up my child at scheduled times.

\_\_\_\_\_ I will call the Respite Care Coordinator or my Family Advocate (as directed by my Family Advocate) at least 12 to 24 hours in advance if I know I need to cancel respite care.

\_\_\_\_\_ I agree to be on time but in case of an emergency that would prevent me from picking up my child on time, I will call as soon as I possibly can to let staff know what is going on and what a next step should be, for instance, calling to ask an emergency contact person to pick child up**. I understand that my failure to contact staff in this case could result in staff contacting child protective services and/or law enforcement by the end of the work day.**

\_\_\_\_\_ I agree to provide current emergency contact information prior to each respite care session when I bring my child to the center. I will inform this/these contact/person/s that he/she may be contacted each time it is a possibility.

\_\_\_\_\_ I agree to remind staff of any health concerns my child has such as allergies, asthma etc. **An Individual Service Plan should be developed with your Family Advocate before using respite care so staff will be aware of and be ready to support your child with any health concerns.**

\_\_\_\_\_ I agree to supply at least two emergency contacts on program Fact sheet and I will update these contacts as necessary to ensure that emergency contacts are available if staff is unable to reach me.

\_\_\_\_\_ I agree to advise my emergency contacts when I know my child/ren will be in respite care so my emergency contact people make it a priority to be available in case staff would need to contact them.

\_\_\_\_\_ I agree to supply one to two extra sets of clothing in case clothes become soiled and need to be changed for my child’s comfort.

\_\_\_\_\_ I agree to make sure my child is dressed for the weather so he/she child can play outside weather permitting.

\_\_\_\_\_ I agree to let staff know how my child/ren slept the night before, how he/she is feeling and doing and if his/her normal schedule during respite care time will include, napping, eating, etc.

\_\_\_\_\_ I understand that my failure to follow the items agreed to in this document could result in no longer being able to bring my child to respite care.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_ **6/10)**