



## Four Oaks Foster Care and Adoption ADOPTION/SUB GUARD RESPITE FORM

This form is valid for adoption/Sub Guard respite occurring between fiscal year **July 1, 2025 and June 30, 2026**. **All respite is required to be submitted for payment within 60 days of it occurring. There are NO exceptions to this.** Respite occurring the last 60 days of Fiscal Year 2026 **MUST** be received by July 7, 2026 to be paid.

### ADOPTIVE/SUB GUARD PARENT INFO

Adoptive/Sub Guard Parent(s)

Address

City  State  Zip

Cell Phone  County

Email

Four Oaks Adoption & Permanency Support Caseworker:

Adoption Respite is a program available to adoptive and subguardianship families for their subsidized adopted/sub guard children under the age of 18 and 21 if the subsidy is extended. Each child who receives a subsidy is eligible to receive up to ten (10) days of respite care each fiscal year at \$20 per day. **By signing below, I certify that Respite Services were provided during the dates listed on the following page with the listed Provider and the children receiving adoption respite have had a finalized subsidized adoption or guardianship. Respite forms MUST be sent in for processing and payment within 60 days of respite occurring. If forms are sent in past the 60 days of the respite occurrence the respite will NOT be paid to the Claimant.**

Signature of Adoptive/Sub Guard Parent:

Signature of Adoptive/Sub Guard Parent:

Date:

This form must include signatures in order to be processed. Payment will be mailed directly to the Respite Provider listed on page 2 of this form. Allow 3-4 weeks for processing.

Mail or Email Signed and Completed Forms to:

***Four Oaks Foster and Adoptive Family Connections***

*Attn: Adoption Admin*

6900 NE 14<sup>TH</sup> St Suite 25 Ankeny, IA 50023

or

**[foster-adopt@fouroaks.org](mailto:foster-adopt@fouroaks.org)**



**Four Oaks Foster Care and Adoption**  
**ADOPTION/SUB GUARD RESPITE FORM**

**PROVIDER INFORMATION**

Respite Dates:

(Multiple dates can be put on one form)

Start (mm/dd/yy)

End (mm/dd/yy)

Number of Respite Days:

Name of Person Providing Respite:

Address

City

State

Zip

Cell Phone

Email

Is Provider an adult (age 18 or older)?

(y/n)

Respite Care was provided for the following Adopted/Sub Guard Children:

***Name of child(ren)***

***Age of child (ren) at time of respite***

Signature of Respite Provider:

The IRS requires a W-9 to be completed and submitted for all respite services paid that total \$600 or more per calendar year, per individual respite provider.

Date: