



WASHOE COUNTY

"Dedicated to Excellence in Public Service"

DEPARTMENT OF SOCIAL SERVICES
Child Care Services

350 SO. CENTER ST. – 2nd FLOOR
POST OFFICE BOX 11130
RENO, NEVADA 89520-0027
PHONE: (775) 337-4470
FAX: (775) 337-4495

Date: _____

Washoe County Dept. of Social Services
P.O. Box 11130
Reno, NV 89520

I, _____, am applying for respite funds
(print name)

for _____ children for the following days:
(# of children)

_____ thru _____ for a total of _____ days.
(date) (date)

Arrangements have been made with the following respite approved provider to cover this respite care.

_____ taking care of _____
(respite provider & phone #) (child or children's names)

_____ taking care of _____
(respite provider & phone #) (child or children's names)

_____ taking care of _____
(respite provider & phone #) (child or children's names)

_____ taking care of _____
(respite provider & phone #) (child or children's names)

These arrangements have been approved by my licensing worker. I have also discussed these arrangements with the child's social worker.

Thank you,

Foster parent signature