

# CROSSROADS FAMILY SERVICES

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## RELIEF AGREEMENT between Foster Family and Caregiver

Foster Family Surname \_\_\_\_\_ Mom \_\_\_\_\_ Dad \_\_\_\_\_

Home Phone \_\_\_\_\_ Alternate Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

Arrival Date \_\_\_\_\_ Time \_\_\_\_\_ Departure Date \_\_\_\_\_ Time \_\_\_\_\_

Child's Name	DOB & Age	ID Number	Caseworker	# of Days	Daily Rate	Cost of Care
				x	= \$	
				x	= \$	
				x	= \$	

Mileage for Alternate Caregiver: _____ X _____ = \$	Plus Mileage	\$
<small># of Km. Mileage Rate</small>	Plus Hours	\$
<b>24 HOURS:</b> Standard rate ranges from \$50 -\$65 per child - negotiable. It is often easiest to arrange drop-off and pick-up at similar times (eg. Arrange alternate care from 6:00 pm to 6:00 pm). If this isn't possible, additional hours should be paid as babysitting.	Plus Other	\$
<b>PARTIAL DAY:</b> Foster parents and Alternate Caregivers will need to negotiate payment for hourly or single day care.		
<b>SUPPLIES &amp; ALLOWANCES:</b> Diapers and formula for infants, allowances and items such as toothbrushes for older children remain the responsibility of the Primary Foster Parent. These items should be provided to the Alternate Caregiver as needed for the designated alternate care period, or expenditures agreed upon in advance.		

**Information** (visits, allergies, medication, etc.):

Alternate Caregiver Payment:

\$