



VOA Alaska Respite Care Application

Section One: Applicant Information

Caregiver Name: _____

Caregiver Address: _____

Caregiver Phone: _____ Caregiver Email: _____

Number of kinship youth in care: ____ Are you a licensed foster parent through OCS?: Yes ____ No ____

Section Two: Respite Care Application

Additional respite care application forms are available upon request for additional children.

Child Name: _____

Which of the following respite care activities are you requesting? Select all that apply.

- Seasonal Camp (Spring Break, Summer, Winter Camp)
- Sport
- Before/After School Care
- Other: _____

Organization: _____

Address: _____ Phone Number: _____

Date/Times: _____

Amount Requested: _____

Date Requested: _____ Client Signature: _____

Section Three: Completed by VOA Alaska Staff

- Approved – Amount: \$ _____ Organization/ Vendor: _____
- Denied – Reason: _____

Date Processed: _____ Staff Signature: _____

