COMMUNITY LIVING Elgin
Inspiring Possibilities

INTRODUCTION

The Community Living Elgin respite program is offered to children with a diagnosis of autism spectrum disorder or developmental/physical disabilities. The respite program is available for families residing in the Elgin region. The program helps children to live at home with their family by offering them financial assistance to obtain respite services for a determined period.

Respite eligibility criteria: the child or youth must exhibit a

"*functional loss or impairment that limits ability on a day-to-day basis.*"

Consequently, the parents or care givers must be in need of respite, which is defined as

"a flexible, periodic, short term break from care-giving for the purpose of rest and renewal."

[Ministry of Child and Youth Services report "An Ideal Model – Respite Services and Supports"]

APPLICATION PROCESS

The completed application is for an annual funding period from April 1st to March 31st of the following year. You will be notified by email upon your approval for funding.

In order to ensure your family's eligibility for the respite program, a supporting document will be required with the initial application. The supporting document requested is the diagnosis of the child from a physician, psychologist or other authorized health professional.

This application may be submitted either by the parent, guardian or the person responsible for the child.

The person responsible must fill out a complete application each year. Please ensure that all sections are filled out and that the application is signed and dated.

Submit completed applications to:

Respite Administrator
Community Living Elgin, 7 Morrison Dr. St. Thomas, ON N5R 4S5
respite@communitylivingelgin.com
519-631-8012 x 1623

Date of application: _____

SECTION 1 – APPLICATION TO THE RESPITE PROGRAM

Is this a new or update to the application for the respite program?

☐ New application: please complete entire form and include diagnosis

☐ Update: please complete entire form, highlight any changes from initial application

Supporting documents to determine eligibility:

The supporting document required is the diagnosis of the child from a physician, psychologist or other authorized health professional.

The document is (check one of the boxes).

☐ Attached ☐ Previously sent (no changes) ☐ Will be sent

SECTION 2 – PERSONAL INFORMATION OF APPLICANT

Child requiring support

Last name: _____ **First name:** _____

Date of birth: _____

Person responsible for the child

Last name: _____ First name: _____

Relationship to the child or adult: _____

Address: _____ City: _____

Postal code: _____ Phone number: _____

E-mail address: _____ (required)

Family Support Worker: _____

Qualifying Criteria Check the Respite Fund you are applying to:

___ **Autism Spectrum Disorder**: Child has a diagnosis of Autism Spectrum Disorder

___ **Developmental and/or Physical Disability**

If applying for Developmental and/or Physical Disability check the statements below that apply:

__Child has one or more disability related need resulting from a developmental disability, as defined by the CFSA that requires support for participation in activities of daily living, school and play

__Child has one or more disability related need resulting from a physical disability that requires support for participation in activities of daily living, school and play

__Child is medically fragile/technologically dependent and requires 24-hour observation and/or treatment:

__The child's family is at potential risk of breakdown unless regular, planned respite is provided.

__The child would be at serious and imminent risk of harm to him/herself or others unless planned respite is provided.

__The child would require a long-term residential placement without planned respite support for the family.

Mandatory supporting documentation of the diagnosis and/or the professional assessment must be attached to the application. List & detail the diagnosis and/or functional loss or impairment of the child and how this is affecting the family and contributing to the need for respite.

_____

_____

_____

School attended, teacher/grade: _____

Children (list all children living in the home) First Name Last Name	M/F	Age	Birth Date M/D/Y	Lives at home	Applying for respite

Other persons living in the home:

_____

_____

SECTION 2 – FAMILY & SUPPORT SITUATION

You may wish to provide us with other information about your unique situation that you feel is important for us to consider; (e.g. mental health of caregiver, physical health of caregiver, no family support, number of children in the home, frequency of professional appointments, etc.).

_____
_____
_____
_____

Support network

Can you describe your support network? (Extended family member's involvement, frequency of visits/support, type of support offered, etc.)

_____
_____
_____
_____

Identify the stressors and risks for the family if respite is not provided:

	Check all that apply	Provide details
Behavioural		
Emotional/ Developmental		
Domestic Violence current and/or past		
Family breakdown		
Financial		
Marital		
Medical		
Mental Health		
Social		

SECTION 3 – SERVICES AND FINANCIAL SUPPORT

Financial Support and Services

Does your family receive any of the following funding? ☐ Yes ☐ No

If yes, please check which funding applies to your family: **Amount**

☐ V.O.N./Special Services at Home (SSAH) _____

☐ Assistance for children with severe disabilities (ACSD) _____

☐ Community Living Elgin _____

☐ Ontario Autism Program (OAP) _____

☐ Ontario Works/Childcare Subsidy _____

☐ LHIN - Local Health Integration Network _____

☐ Family and Children's Services _____

☐ West Elgin Community Health Centre _____

Paid support and services

Please select the checkboxes that are applicable to the person receiving services.

☐ Daycare service ☐ School

☐ Day program ☐ No daytime occupation/care

SECTION 4 – CONSENT & SIGNATURE

Notice regarding the collection of personal information

This information is collected for the purposes of the Community Living Elgin respite program. It will be used to provide respite program funds to eligible families. Please note that the information provided in this form will be retained in our database to ensure the proper functioning of the program.

By signing this form, you consent to the collection of your personal information. Please check all that apply:

Consent is hereby given to release and/or obtain information with the following organizations:

__✓_ Community Living Elgin and Accounting

_____ Community Services Coordination Network

_____ Family and Children Services of St. Thomas & Elgin

_____ Kids Country Club

_____ LHIN - Local Health Integration Network

_____ Merrymount Children's Centre/All Kids Belong

_____ Ontario Works

_____ Southwest Public Health

_____ Thames Valley District School Board

_____ VON Middlesex-Elgin (Special Services at Home)

_____ Wellkin

_____ West Elgin Community Health Centre

_____ YMCA St. Thomas-Elgin

Consent to the application

I hereby apply for respite program services and declare that the above statements are true and correct to the best of my knowledge.

Name of person responsible: _____

Signature of person responsible : _____ Date : _____

Please make sure to:

1. Provide us with the supporting document/diagnosis (if this is a new application).

2. Complete all necessary sections (if any information is missing the application form will be returned to you).

3. Complete and sign the consent to application.

SECTION 5 – TO BE COMPLETED WITH FAMILY SUPPORT WORKER

Has family previously submitted a Respite Application? Yes___No___

If yes, provide date & details of prior funding_____

Respite Plan

Type of respite requested? (1:1 worker, day program, camp, host family, overnight care, etc)

_____

_____

Projected cost? (hourly/daily rates, number of hours per week or month, number of weeks, etc)

_____

_____

Does the family have transportation? _____

What will be the **expected outcome** of respite for the parent(s) and family as a whole?

_____

_____

As Respite funding is short term, what will be done to **decrease reliance** on future respite funding?

_____

_____

_____

* *

This section will be completed following assessment of the application

Respite Approved:

Type/Location	
Frequency	
Duration/to be completed by	
Cost	

Respite not approved or deferred: _____

Signed on behalf of Community Living Elgin _____ Date _____