



Application for Respite Funding/Family Relief

Respite funding/Family Relief can be used to pay for services of a respite provider and can also reimburse fees for registered camps and community recreational programs with registered businesses. To qualify for respite funding your child must have a *professional assessment* indicating a diagnosis of an Intellectual Disability and/or a physical disability.

For Children (17 years and under) living at home

Child's Name: _____ Male ___ Female ___

D.O.B: _____ Age: _____

Diagnosis:

Intellectual Disability Physical Disability

Eligibility, documentation attached: Yes: ___ No: ___ (if no, please explain why):

Parent/Guardian Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Work Phone Number: (_____) _____

Email Address: _____

Preferred Method of Contact (please check ONE):

Home phone ___ Cell phone ___ Work phone ___ Email ___ Mail ___

SERVICE REQUEST: Reason for your request, please check:

Crisis (due to child or caregiver's immediate health/support needs)

Please explain: _____

Urgent (due to a change in the child's support needs; health, behaviour)

Please explain: _____

Other (example - high need for extra funding)

Please explain: _____

Please list below all funding that you are currently receiving. Please include other types of funding such as: Easter Seals, Respite Flex Funding, Respite Enhancement Funding, Children’s Complex Care Funding etc.

	Applied	On Waitlist	Receiving	Not Eligible	Yearly or Monthly Amount
ACSD (Assistance for Children with Severe Disabilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
SSAH (Special Services at Home)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Recreational Funding (Health Star, Jump Start)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Kerry’s Place Flexible Funding (ASD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other (be specific)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

Consent

I _____ hereby authorize the collection, use, and disclosure of my child and family’s personal information for all the purposes identified above.

Signature Parent/ Guardian:

Date

Signature of Witness:

Date

*Please submit this completed form with eligibility documentation to the attention of:

Respite/CHAP Coordinator
 Simcoe Community Services
 39 Fraser Court
 Barrie, Ont.
 L4N 5J5

Phone: (705)727-1235 x255
 Fax: (705)735-4993
 Email: charris@simcoecommunityservices.ca