

Family Directed Respite Funding Guidelines and Application 2023-2024

Pending ministry approval of available funds

Family Directed Respite (FDR) funding is a reimbursement program intended to assist families who are **not currently connected to Ministry funded respite/camp programs**, to develop and direct their own unique respite plans. Family Directed Respite funding is administered on behalf of the Toronto Respite Network via Geneva Centre for Autism.

Family Directed Respite Funding is provided by the Ministry of Children, Community and Social Services to serve as an enhancement for families to access respite services in their communities. **There is no guarantee of the availability of these funds.**

Eligibility:

- Child must be diagnosed with an Autism Spectrum Disorder (ASD)
- Child is eligible from the age of 2 until their 18th birthday
- Child must reside with a caregiver and be a permanent resident of Toronto
- Families accessing Ministry funded respite/camp programs **are not** be eligible. If you have questions about the programs you are currently accessing, please contact them directly to inquire about funding received

FDR will cover:

Given the current situation with COVID- 19, **eligible expenses have been extended to include in home and online respite programs until further notice.** The timing to use the funds will remain unchanged. You can use these funds for services from April 1, 2023 to March 31, 2024. The expanded use of funds can include:

- Camp fees to a limit of \$750/ week (exceptions may be considered if 1:1 support is included in program cost)
- Respite Program fees to a limit of \$150/day
- Staffing Support (in home, in a camp, respite program, social group, recreational group, specialized class or lesson) to a limit of \$25/hour. Workers must be 18+ and live outside of the family home
- Social Groups, Recreational Groups, Specialized classes, lessons (guitar, swimming, karate etc.)

FDR will NOT cover:

- Meals, busing, t-shirts, or other costs associated with program/camp
- Assistive devices or equipment
- Daycare fees
- Activity costs (field trip fees, memberships, etc.)
- Tutoring, therapy or therapeutic recreational programs (ABA, IBI, OT, SLP, PT)
- Transportation

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- Administrative or registration fees
- Home care or cleaning costs

Important information:

- It will be a **lottery selection**
- Lottery selection will not be made until after the application deadline has passed
- There is a limited amount of funding per year to serve many families
- This is a reimbursement funding process. Your costs will be reimbursed once you have submitted valid receipt of payment (program or service must be completed)
- If any portion of the application is missing, it will not be processed
- The application covers a 1-year period; families are encouraged to apply yearly
- If selected, the caregiver is responsible for tracking the money spent and for invoicing
- Funds may only be used in Ontario
- **Summer requests will not exceed a maximum of 4 total weeks of support for all services**

Application process opens on January 23, 2023 and closes on February 20, 2023. Applications received after the deadline will not be accepted. No exceptions will be made. Incomplete applications will not be accepted.

You will be sent an email confirmation that your application has been received in our office. Only selected applicants will be notified. Confirmation of funding will be sent to families by **April 3, 2023.**

Checklist and Required Documentation

- Copy of medical documentation of Autism Spectrum Disorder (doctor's letter, psychological assessment, etc.)
- Copy of Child's Canadian Birth Certificate or Immigration Status in Canada
- Proof of Address (current driver's license, utility bill, hydro, internet, rental/lease agreement etc.)
- Signed, witnessed and dated the **Release of Information**
- Signed, witnessed and dated the **Family Agreement and Release**
- All sections of the application must be completed (if any portion of the application is missing, it will not be processed)

** Please note: All documents MUST be sent annually with each application*

Applications must be submitted via Email: FDR@respiteservices.com

PLEASE NOTE: We will NOT make exceptions for late applications. If you have any questions about the application or eligibility, please email FDR@respiteservices.com

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2023-2024

This application is for funding and services rendered between April 1, 2023 to March 31, 2024.

Submitting this request gives Family Directed Respite permission to contact organizations and individuals, which you provide on the application. Please read the guidelines and review the application before filling out this form.

Child information		
Full Name:	Diagnosis:	
Date of Birth:	Age:	
Parent/Guardian information		
Full Name:		
Relationship to child:		
Address:		
City:	Province:	Postal Code:
Home Phone:		Cell Phone:
Email:		

Current Respite -please indicate if you are currently attending any of the following programs, or are planning to use them during the 2023-2024 funding year		
<input type="checkbox"/> Community Living Toronto	<input type="checkbox"/> Corbrook	<input type="checkbox"/> East Metro Youth Services
<input type="checkbox"/> Griffin Centre	<input type="checkbox"/> Holland Bloorview <small>- respite or camps only</small>	<input type="checkbox"/> Variety Village- Camps only
<input type="checkbox"/> Safehaven	<input type="checkbox"/> Kerry's Place	<input type="checkbox"/> Meta Centre
<input type="checkbox"/> Geneva Centre for Autism <small>- respite or camps only</small>	<input type="checkbox"/> 1:1 worker in home	<input type="checkbox"/> Not currently accessing respite
If you are not accessing any of the programs listed above please explain why:		
Please explain what respite means to you (optional):		

Family Directed Respite Funding Guidelines and Application: 2023-2024 Program Information

Program Information <i>(Camp, Recreational, Social, Respite, Specialized classes or lessons)</i>	Date(s) of Program	Total number of days	Total Cost of Request
Organization: Program Name:			
Organization: Program Name:			
Organization: Program Name:			
Organization: Program Name:			
Organization: Program Name:			
Organization: Program Name:			
Organization: Program Name:			
Total			

NOTE: Summer requests must not exceed a maximum of 4 total weeks of support for all services

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** Indicate if 1:1 staffing is included in cost of program **

1:1 Support Worker

Program Information <i>(Camp, Recreational, Social, Respite, Specialized classes or lessons)</i>	Date(s) of 1:1 Support	Total number of days	Cost of 1:1 Support Worker per hour <i>*Maximum of \$25 per hour*</i>	Hours per Day	Total Cost
Organization: Program Name:					
Organization: Program Name:					
Organization: Program Name:					
Organization: Program Name:					
Organization: Program Name:					
Organization: Program Name:					
Organization: Program Name:					
Total					

NOTE: Summer requests for 1:1 support will not exceed a maximum of 4 total weeks

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RELEASE OF INFORMATION

I agree that Geneva Centre for Autism may:

- Carry out inquiries and provide and release pertinent information for the purposes of confirming or clarifying the information submitted to assist with processing the application.
- Contact me for the following:
 - To obtain feedback on the services I received from FDR
 - To advise me of new information or services that may be of interest to me
 - To solicit my view on services or policies affecting people with disabilities
- To use non-identifying information, included in my application, for the purposes of improving - Ministry funded Toronto Respite Network services and the FDR funding program.

I, _____ agree with the above and acknowledge that I have read the **Family Directed Respite Funding guidelines and eligibility**. I certify that the information provided in this application is true, correct and complete to the best of my ability and that I am not accessing Ministry of Child and Youth Services funded services.

Parent/Guardian Signature: _____
(typed/electronic/written)

Witness Signature: _____
(typed/electronic/written)

Printed Name: _____

Printed Name: _____

Date: _____

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Family Directed Respite- Family Agreement and Release

This waiver must be signed in order for your application to be considered complete.

To: Geneva Centre for Autism

Parent or Guardian Name

Child's Name

By signing this Agreement and Release I acknowledge and agree that:

I acknowledge that I have made an application for funding from Geneva Centre for Autism Family Directed Respite Funding. This funding, if granted is received by Geneva Centre for Autism as the distributing agency on behalf of The Toronto Respite Network. The purpose of this funding is to reimburse me for fees paid for camp or respite programs for my child; or an independent 1:1 respite provider to support my child in such program.

I acknowledge the following terms:

1. The payments must be paid by Geneva Centre for Autism directly to me (programs/providers will not be paid directly).
2. In order for the payment to be made to me, claim forms along with paid receipts must be submitted to Geneva Centre for Autism prior to the deadline as per the approval letter.
3. Claims received past the deadline will not be accepted.
4. Communication via email with Geneva Centre for Autism regarding unused funds is required prior to the deadline in order to maintain access to those funds.
5. Any funds unused or unaccounted for by the deadline may be reallocated to another family.

Independent 1:1 Respite Providers:

The independent 1:1 respite provider is not a Geneva Centre for Autism employee but is an independent 1:1 respite provider that I have contracted with directly, independent of any involvement by Geneva Centre for Autism. Should any issues arise with the provider, Geneva Centre for Autism will not be held liable. I will resolve any such issues directly with the provider. The independent 1:1 respite provider is not a representative of, or authorized to speak on behalf of, and is not involved in any services provided to me by Geneva Centre for Autism.

It is my responsibility to check the references provided to me by the independent 1:1 respite provider and to ensure they have provided me with a current Police Reference Check when requested.

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The independent 1:1 respite provider has acknowledged in writing that:

- They are an independent 1:1 respite provider and is responsible only to me/us.
- They are solely responsible for any private vehicle they use to transport persons they are supporting.

By signing this Family Agreement and Release I release Geneva Centre for Autism (which in this Agreement and Release includes all persons for which Geneva Centre for Autism is legally responsible, including, without limitation, the employees, agents, officers, and directors of Geneva Centre for Autism from all actions, causes of action, proceedings, claims, demands, losses, damages and liabilities of every nature and kind arising directly or indirectly from my dealings with the independent 1:1 respite provider that I engage to provide respite services to me). I agree to indemnify Geneva Centre for Autism from all liabilities, loss, claims, demands, costs and expenses incurred by them as a result of my/our actions and conduct in respect of the independent 1:1 respite provider and the support services provided by the independent 1:1 respite provider to me. I further agree that I will make no claim against anyone that may claim contribution or indemnity from Geneva Centre for Autism.

This Agreement and Release is binding on my/our heirs, executors and other legal personal representatives.

If any provision of this Agreement and Release is found to be invalid or unenforceable in whole or in part that provision is to be severed from this Agreement and Release and shall not affect the validity or enforceability of the remainder of this Agreement and Release which shall continue in full force and effect.

I/WE HAVE READ AND UNDERSTOOD ALL OF THIS AGREEMENT AND RELEASE AND I/WE AGREE TO ALL OF ITS TERMS.

Signature of Parent or Guardian
(typed/electronic/written)

Signature of Witness
(typed/electronic/written)

Printed Name

Printed Name

Date: _____