



Application for Respite Funding

Child's Name: _____ Male _____ Female _____

D.O.B: _____ Age: _____

New application Renewal

Diagnosis:

Developmental Disability Physical Disability

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

To be sent: ____ Previously sent to Catulpa: ____

Parent/Guardian Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Email Address: _____

Preferred Method of Contact:

____ Home Phone ____ Cell Phone ____ Work Phone ____ Mail ____ Email*

Most convenient time to call: _____ Can we leave a message: _____

***Email** can only be used if Catulpa receives a signed consent from Parent/Guardian

Family members/persons residing in the home:

Name	Relationship

Will more than one child in your family be receiving respite funding from Catulpa?

Yes No

If yes, please name: _____

Financial Support

Catulpa's Children's Respite is a **compliment** to your respite plan.

Do you currently receive any of the following:

	Applied	On Waitlist	Receiving	Not Eligible	Yearly or Monthly Amount
ACSD (Assistance for Children with Sever 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$

How much respite do I need?

Use the chart on the next page to determine how many total respite hours/ skill building activities you and your child may need each week to meet your own needs and those of your family. Respite hours must be planned and integrated into the family lifestyle on an ongoing basis, allowing you time to renew and an opportunity for the your child to have new experiences in the broader community

Do you currently have respite worker/workers? Yes No
 (For a List of Respite Workers available visit www.respiteservices.com)

Helpful Tip: Remember to think about the life skills your child will need as they grow and interact with peers when planning activities. (Example: attending boys and girls clubs)

Family Respite Plan

Service	Name of Service Provider	#hours per week X #of weeks	# of sessions	Cost per session/cost per week/rate of pay for worker
Respite Worker/Mediator In home			N/A	\$ Rate of pay
Mediator/Inclusion Worker while attending programs/ activities			N/A	\$ Rate of pay
Group programs- Promoting self esteem, developing peer support and /or role modeling (Summer, Christmas March Break)		N/A		\$ Cost per visit
Groups for Social Skills/Recreational activities , Classes, Lessons (Skill development)				\$ Cost per session
Other (Specify)				\$

Catulpa respite funding will be determined based on existing resources and your family's completed/submitted respite plan. Respite funding can only be used on activities not already funded by other treatment services. Remembering that respite funding is a compliment to your existing respite budget.

I, _____, consent to have this application shared with the Allocation Committee for review. Date: _____

If you need assistance completing this form, please contact Nancy Hastings at the number provided below and she will direct your call. Please submit this completed form, with eligibility documentation, to the attention of:

Catulpa Community Support Services
165 Ferris Lane
Barrie, ON
L4M 2Y1
Attention: Nancy Hastings
Phone: (705) 733-3227, ext 2335
Fax (705) 735-6826