



# Application for Respite Funding

Child's Name: \_\_\_\_\_

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 CSS: \_\_\_\_ **Not required if renewal application**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are there any custody arrangements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Method of Contact:

\_\_\_\_ Home Phone    \_\_\_\_ Cell Phone    \_\_\_\_ Work Phone    \_\_\_\_ Mail    \_\_\_\_ Email\*

Most convenient time to call: \_\_\_\_\_ Can we leave a message? \_\_\_\_\_

**\*Email may only be used if Catulpa CSS has a signed consent form 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?

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

### How much respite do I need?

Use the chart below 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 should be planned and included 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.supportyourway.ca/](http://www.supportyourway.ca/)

Helpful Tip: 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

**Child's Name:** \_\_\_\_\_

	<b>Name of Service Provider or Worker</b>	<b>#Hours per week &amp; #of weeks</b>	<b># of sessions</b>	<b>Cost</b>
<b>Respite Worker/Mediator</b> In home			N/A	\$ Rate of pay
<b>Mediator/Inclusion Worker</b> while attending programs/ activities			N/A	\$ Rate of pay
<b>Groups for Social Skills/Recreational activities Classes, Lessons</b> (Skill development, Summer Christmas/March Break				\$ Cost per session
<b>Other</b> (Specify)				\$

## **Funding Reminder**

Catulpa Community Support Services' respite funding is 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. Respite funding is a compliment to your existing respite budget.

## **Application Submission**

### **Please print your name**

I, \_\_\_\_\_ consent to have this application shared with the Allocation Committee for review.

### **Please sign your name**

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

### **Mail**

- this completed and signed form
- all eligibility documentation (new applications only) to:

## **Catulpa Community Support Services**

**165 Ferris Lane, Barrie, ON L4M 2Y1**

**Attn: Shannon Parton, Children's Respite Coordinator**

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If you need assistance completing this form, you are welcome to contact Shannon Parton at (705)733-3227 ext. 2282 or 1 877 803-3227 ext. 2282.