

## Application for Respite Funding

Respite funding 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)726-9082 ext. 2259  
 Fax: (705)726-6875  
 Email: [charris@simcoecommunityservices.ca](mailto:charris@simcoecommunityservices.ca)