

# Family Directed Respite Funding Guidelines and Application 2019-2020

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 by [respiteservices.com](http://respiteservices.com) on behalf of the Toronto Respite Network.

**ELIGIBILITY:**

- Child must be diagnosed with an Autism Spectrum Disorder (ASD).
- Child is eligible from the age of 2 until their 18<sup>th</sup> birthday.
- Child must reside with a caregiver and be a permanent resident of Toronto.
- Must have submitted an application to Special Services at Home (waitlist families are eligible).
- Families accessing Ministry funded respite/camp programs may not be eligible. If you have questions about the programs you are currently accessing please contact them directly to inquire about funding received.

FDR eligible expenses:
<b>Camp fees</b> up to \$750/week
<b>Respite program fees</b> up to \$150/day.
<b>Staffing support</b> (in a camp or respite program only) up to \$20/hour. Workers must be 18+ and live outside the family home.

FDR <u>ineligible</u> expenses:	
Meal, busing, t-shirt, or other costs associated with program/camp	Lessons or classes of any kind / 1:1 support in the class
Sport/recreation fees	Assistive devices or equipment
Daycare fees	1:1 staffing in home or
Activity Costs (e.g. field trip fees, memberships, etc.)	Tutoring, Therapy or therapeutic rec programs (such as ABA, IBI, SLP, OT, PT)
Transportation	Administrative or registration fees

**Important information:**

- We will receive completed application submissions until **February 15, 2019**.
- **Funds will be allocated on a first come, first served basis.** Once available funds are exhausted, applications will continue to be received and added to the waitlist until the deadline. This however does NOT guarantee funding will be approved.
- Complete applications will be considered in the order they are received. Applications will not be considered received until all required documents have been submitted.
- Approval must be received prior to the date of services being delivered.
- The caregiver is responsible for tracking the amount 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.

**Required Documents (see page 2 for list of documents):**

- Documentation of child’s diagnosis
  - Confirmation of SSAH status
  - Current Proof of Address
- Please do not send originals.*

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## Our Process

Applications will be added to the list as of the date it is received, complete, in the office.

You will be sent an email confirmation that your application has been received in our office within 3 business days. Please check your junk mail and ensure you have received a confirmation. If you have not obtained confirmation after 3 business days, please contact us to ensure your application has been received.

Decisions regarding funding will be sent to families via email on April 1, 2019. Results will not be shared prior to this date. If you do not have email, a letter will be sent by mail.

## Required Documentation – please submit one from each column

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

Credit card statements and cell phone bills will not be accepted.

<b>Proof of SSAH</b>	<b>Proof of Address</b>	<b>Proof of Diagnosis</b>
<input type="checkbox"/> Waitlist letter (if available) <input type="checkbox"/> Letter of approval <input type="checkbox"/> Blank invoices from previous year	<input type="checkbox"/> Driver's License <input type="checkbox"/> Current Utility Bill (Hydro, Home Phone, etc. within the last 2 months) <input type="checkbox"/> Rental/Lease Agreement	<input type="checkbox"/> Doctor's Letter <input type="checkbox"/> Psychological Assessment <input type="checkbox"/> Medical Documentation

## **Please submit your application in one of the following ways:**

Email: **FDR@respiteservices.com**

Fax: **416-481-1512**

Mail: **Family Directed Respite  
Respiteservices.com  
164 Merton Street  
Toronto, Ontario M4S 2Z8**

If you have any questions about the application or eligibility, please contact 416 322 6317 x10 or [FDR@respiteservices.com](mailto:FDR@respiteservices.com).

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This application is for funding and services rendered between April 1, 2019 and March 31, 2020.  
Please keep a copy of this application for your records.

<b>Child Information</b>		
<b>Full Name:</b>	<b>Diagnosis:</b>	
<b>Date of Birth:</b>	<input type="checkbox"/> documentation attached	
<b>Age:</b>		
<b>Parent/Guardian Information</b>		
<b>Full Name:</b>		
<b>Relationship to Child:</b>		
<b>Address:</b>		
<input type="checkbox"/> documentation attached		
<b>City:</b>	<b>Province:</b>	<b>Postal Code:</b>
<b>Home Phone:</b>		<b>Cell Phone:</b>
<b>Email:</b>		
<b>Current Funding</b>		
<b>Assistance for Children with Severe Disabilities (ACSD)</b>	<input type="checkbox"/> Monthly amount: _____ <input type="checkbox"/> Not eligible	
<b>Special Services At Home (SSAH):</b> <input type="checkbox"/> documentation attached	<input type="checkbox"/> Yearly amount: _____	
	<input type="checkbox"/> Waitlist If you are on the waitlist and do not have a letter from the Ministry, please initial here to allow us to contact MCCSS to confirm your SSAH status:  Initial here: _____ (please note this only applies to WAISTLIST families)	

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<b>FDR Funding Request</b> – Please explain your Family Directed Respite Request.							
	CAMP INFORMATION	FEES	1:1 SUPPORT WORKER FEES			Total \$ request/week	
Summer Camp Requests (max. 4 weeks total)	Dates (if known) or number of weeks:	Agency Name:	Camp fees:	Cost per hour	Hours per day	Days per week	
		Program Name:		Total:			
		OR Camp provides worker / Flat fee: \$					
	Dates (if known) or number of weeks:	Agency Name:	Camp fees:	Cost per hour	Hours per day	Days per week	
		Program Name:		Total:			
		OR Camp provides worker / Flat fee: \$					
	Dates (if known) or number of weeks:	Agency Name:	Camp fees:	Cost per hour	Hours per day	Days per week	
		Program Name:		Total:			
		OR Camp provides worker / Flat fee: \$					
	Dates (if known) or number of weeks:	Agency Name:	Camp fees:	Cost per hour	Hours per day	Days per week	
		Program Name:		Total:			
		OR Camp provides worker / Flat fee: \$					
<b>TOTAL SUMMER REQUEST:</b>							

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**FDR Funding Request** – Please explain your Family Directed Respite Request. Indicate your priority if making multiple requests.

		PROGRAM INFORMATION	FEES	1:1 SUPPORT WORKER FEES			Total \$ request
<b>Winter, March Break and Respite Requests</b>	<input type="checkbox"/> Winter Break <input type="checkbox"/> March Break <input type="checkbox"/> Respite: Dates:	Agency Name:  Program Name:	Fees:	Cost per hour	Hours per day	Days per week	
				Total:			
				OR Camp provides worker / Flat fee: \$			
	<input type="checkbox"/> Winter Break <input type="checkbox"/> March Break <input type="checkbox"/> Respite: Dates:	Agency Name:  Program Name:	Fees:	Cost per hour	Hours per day	Days per week	
				Total:			
				OR Camp provides worker / Flat fee: \$			
	<input type="checkbox"/> Winter Break <input type="checkbox"/> March Break <input type="checkbox"/> Respite: Dates:	Agency Name:  Program Name:	Fees:	Cost per hour	Hours per day	Days per week	
			Total:				
			OR Camp provides worker / Flat fee: \$				
<b>TOTAL WINTER, MARCH, AND RESPITE REQUEST</b>							\$

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<b>Current Respite</b> -please indicate if you are <b>currently</b> attending any of the following programs, or are planning to use them during the 2019-2020 funding year		
<input type="checkbox"/> Community Living Toronto -Lawson or Ennerdale	<input type="checkbox"/> Corbrook	<input type="checkbox"/> East Metro Youth Services
<input type="checkbox"/> Griffin Centre	<input type="checkbox"/> Holland Bloorview - Respite or Spiral Garden	<input type="checkbox"/> Variety Village - Camps
<input type="checkbox"/> Safehaven	<input type="checkbox"/> Kerry's Place	<input type="checkbox"/> Meta Centre
<input type="checkbox"/> Geneva Centre for Autism - Respite or Camps	<input type="checkbox"/> 1:1 worker in home	<input type="checkbox"/> Not currently accessing respite
If you are not accessing any of the <b>programs</b> listed above please explain why:		
Please explain what respite means to you (Optional):		

## RELEASE OF INFORMATION

I agree that respiteservices.com 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 respiteservices.com &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: \_\_\_\_\_

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 respiteservices.com Family Directed Respite Funding. This funding, if granted is received by Geneva Centre for Autism as the distributing agency on behalf of respiteservices.com. 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 respiteservices.com prior to the deadline as per the approval letter.
3. Claims received past the deadline may not be accepted.
4. Communication with respiteservices.com 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 Respite Providers:

The independent respite provider is not a Geneva Centre for Autism (respiteservices.com) employee but is an independent 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 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 respite provider and to ensure the independent respite provider has provided me with a current Police Reference Check where requested.

The independent respite provider has acknowledged in writing that:

- They are an independent 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.

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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 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 respite provider and the support services provided by the independent 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

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

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