**Application for Family Relief Funding**



Family Relief funding can be used to pay for approved respite options such as; services of screened respite providers, residential respite, registered camps, community recreational programs, memberships and lessons. Family Relief Funding only reimburses services for the person being supported and cannot reimburse services for the whole family. The funding is for activities outside of school and work hours, and cannot be used as daycare expenses while families are at work. Family Relief funding is allocated to provide respite to parents/guardians and create greater opportunities for those supported to live actively and participate in community activities.

**Criteria for eligibility:**

* Children (under 18 years old) diagnosed with an Intellectual Disability and are living at home with their parent/guardian.
* Geographic Area: The area bounded by Elmvale with Horseshoe Valley Road to the north, 9th line of Oro to the east, Simcoe County boundary to the south, Highway 27 up to Thornton and Base Borden from Highway 27 to 90 on the west

Child’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_ Other\_\_\_\_\_

D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_ Military Family\_\_\_ FNMI\_\_\_\_

(First Nations, Metis, Inuit)

**Diagnosis:**

 Intellectual Disability as indicated on a Psychological Assessment/Psycho-educational Assessment

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

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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 \_\_\_\_

Preferred Language (please check ONE): English\_\_\_\_ French\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alternate Parent/Guardian Information to be completed if address is different:

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 \_\_\_\_

Child lives at: primary address \_\_\_\_ alternate address \_\_\_\_ both addresses \_\_\_\_

**Application for Family Relief Funding Continued:**

**SERVICE REQUEST**: *Reason for your request, please check*:

 ***Crisis* (due to child or caregiver’s immediate health/support needs)**

Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 ***Urgent* (due to a change in the child’s support needs; health, behaviour)**

Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 ***Other* (example - high need for extra funding)**

Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of Funding** | **Applied** | **On Waitlist** | **Receiving** | **Not Eligible** | **Yearly or Monthly Amount** |
| ACSD (Assistance for Children with Severe Disabilities) |  |  |  |  | $ |
| SSAH (Special Services at Home) |  |  |  |  | $ |
| Recreational Funding (Health Star, Jump Start) |  |  |  |  | $ |
| Kerry’s Place Flexible Funding (ASD) |  |  |  |  | $ |
| Other (be specific) |  |  |  |  | $ |

**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

Empower Simcoe

39 Fraser Court, Barrie, ON, L4N 5J5

Phone: (705)726-9082 ext. 2259

Fax: (705)726-6875

Email: charris@empowersimcoe.ca