## My Respite Plan

Respite Funds: \$ Special Service at Home Funds: \$ Other: \$  Number of hours of respite available to me (is the total number of hours divided by the Respite contractor rate I wish to pay)  How I plan to use my respite hours:  My regular weekly respite (what do I need to do? What would I like to do?)							
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Monday	Tuesday	We	ednesday	Thursday	Friday	Total hrs	Total hours  Total number of hours
							x 52 weeks
Regular weekend respite (what do I need to do? What would I like to do?)							
Saturday			Sunday			Total hours per weekend	Total hours
							Total number of hours x 52 weeks
Do I need to plan for school and/or additional respite for summer holidays? (over and above regular weekly respite)							
Monday			ednesday	Thursday	Friday	Total hours per week	Total hours
							Total number of hours x 10 weeks
Do I need additional respite for Christmas ?(over and above regular weekly schedule)							
Monday	ay Tuesday W		ednesday	Thursday	Friday	Total hours per week	Total hours
							Total number of hours x 2 weeks
Do I need additional respite for March Break ?(over and above regular weekly schedule)							
Monday			ednesday	Thursday	Friday	Total hours per week	Total hours
							Total number of hours x 1 week
Other needs? (school: pd day/exam days, medical appointments, special occasions)							
	f hours/day		Number of days			Total hours	Total hours
						Total number of hours	