

Deadline: APRIL 30TH



CENTRAL EAST REGION RESPITE FLEXIBLE FUNDING FOR CHILDREN WITH AUTISM SPECTRUM DISORDER COVER LETTER

PLEASE READ BEFORE SUBMITTING APPLICATION

Respite Definition

The purpose of the Children's Respite Flexible Fund is to help caregivers get the flexible and individualized support their family needs in order for them to take intervals of time off from their care-giving duties. It is understood that family members/guardians first have to feel safe, confident and comfortable in order to take that time off. They do so when they know their family member is happy and safe and doing something that makes them feel valuable and has meaning to them.

ASD Definition

Individuals with a diagnosis of Pervasive Developmental Disorder, including Autism Spectrum Disorder, Asperger's Syndrome, Rett's Syndrome, Childhood Disintegrative Disorder and Pervasive Developmental Disorder Not Otherwise Specified.

Children Definition

Individuals that are up to the age of 18 years. After the 18th birthday, individuals no longer qualify for this funding.

ABOUT THESE FUNDS...

This funding is from the Ministry of Children and Youth Services to serve as an enhancement for families to access respite services in their community. Kerry's Place Autism Services is hosting this project in cooperation with other community agencies to oversee the application review process and the management of funds. Together with our community partners each application is carefully reviewed by an allocation committee. Decisions are made based on the criteria listed below and a strict funding budget. These funds can only serve a small portion of families each year with a limited amount of funding being allocated to each family approved. Families can only apply for these funds once a year and there is no guarantee of the availability of these funds in future years.

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THE CRITERIA

WHO IS ELIGIBLE...

- Children must have an official diagnosis of ASD (*Families must provide a copy with the application form*)
- Children must be 17 years of age or younger

YOUR APPLICATION MUST INCLUDE...

- Families must indicate all other funding that they receive.
- Families must be asking for respite.
- Applications must have all sections completed.
- All consent boxes must be checked.

THESE FUNDS WILL COVER...

- **Respite Worker/Mediator**
- **Respite Worker/Mediator at a camp/group**
- **Camp Fees**
- **Social Groups/Recreational Groups/Classes/Lessons**

THESE FUNDS WILL NOT COVER...

- **Any type of THERAPY (no speech and language therapy, ABA, IBI, behavioral and OT, physiotherapy, massage)**
- **Mileage (for workers or family)**
- **Transportation costs**
- **Activity costs (movie tickets, park entrance, memberships, parking, snacks/rewards, equipment costs)**
- **Home care/cleaning costs**
- **Basic care needs**
- **Educational fees**
- **Assistive Devices/computer software/equipment**

Before submitting the application, please READ:

- We have a limited amount of funding per year to serve many families. Not all families that apply will receive funds this year.
- Applications will be reviewed based on priority.
- Decisions will not be made until after the application deadline has passed. This will take **6-8 weeks**. You will be contacted by email and/or by mail with a response.
- If you are approved a package will be mailed to your home within **6-8 weeks** of your approval.
- If you are not approved for funds, a letter will be sent to the address you provided.
- This is an **enhancement** to your plan. These funds will not cover all of your yearly costs.
- This is a **reimbursement** funding process. You will be reimbursed your costs once you have submitted valid receipt of payment.
- If any portion of the application is missing, it will not be processed.

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The process

- ✓ Fill out the application form
- ✓ E-mail/mail/fax completed form
- ✓ Form is submitted to an Allocation Committee
- ✓ In 6-8 weeks, you will be contacted once your application has been approved or not approved
- ✓ If approved, a package is mailed out to you with letters of agreement and blank invoices for you to use.
- ✓ At the end of each month, NO LATER than 4 days after the end of the month, you will have to mail the original invoices back to our office. These invoices MUST include original timesheets for worker and/or receipts with proof of payment for camps/programs.
- ✓ Every effort will be made to reimburse families for their expenses within 3-4 weeks of the Kerry's Place Autism Services office receiving your original invoice.

Application DeadlineApril 30th 2009

Notification will go in the mail 6-8 weeks after deadline closes.

YOU ARE APPLYING 1 TIME A YEAR, FOR THE FULL YEAR.

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CENTRAL EAST REGION RESPITE FLEXIBLE FUNDING FOR CHILDREN WITH AUTISM SPECTRUM DISORDER

APPLICATION FORM

Section 1: Parent/Guardian information

Application Date:

Region: York
 Durham
 Simcoe
 HKPR (4 Counties- Haliburton, City of Kawartha Lakes, Peterborough & Northumberland)

Parent/Guardian Name:

Relationship to child:

Telephone number:

Email address:

Home Address:

Have you received these funds before? (please specify date)

Section 2: Child/Youth Information

1. Child Full Name:

Date of Birth:

Male/Female:

Diagnosis:

Date of Diagnosis:

Proof of Diagnosis is:

- On File with Kerry's Place Autism Services
 Attached to this application form
 In the mail to Kerry's Place Autism Services

You must provide proof of diagnosis in order to be eligible for these funds.

2. Are you applying for more than one child with a Diagnosis of ASD?

- NO
 YES

IF YES: Please give us the names of the other children

- 1.
- 2.
- 3.

*****Please complete one application form for each child.***

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Section 3: Financial information:

1. Do you receive any of the following?

ACSD Monthly Amt: \$ _____ Renewal Date: _____
(Assistance for Children with Severe Disabilities)
SSAH Monthly Amt: \$ _____ Renewal Date: _____
(Special Services at Home)
OTHER (List) _____

2. Have you applied/ on a waitlist for the following?

ACSD
SSAH
OTHER (List): _____

3. If you do not receive/have applied for the above funding options, please tell us why.

4. List any other financial information you think may be relevant:

5. List any special circumstances within the family you think may be relevant:

Section 4: Request Details:

1. Please give a brief description of your families **respite needs:**

(Example: we would like our child to have a respite worker once a week for 4 months and attend summer camp- mom and dad need a date night!)

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THIS PORTION MUST BE COMPLETED FULLY FOR YOUR APPLICATION TO BE PROCESSED

2. Which Services/Supports will you purchase with these funds?

CHECK ONLY SERVICES THAT YOU ARE REQUESTING.

Service (check all that apply) you may check more than one.	Name of Service Provider	# of hours a week x # of weeks	# of Days of Camp/ weeks	# of Sessions	Cost per session/cost per week/ rate of pay for worker (must provide)	Total Cost
<input type="checkbox"/> Respite Worker/Mediator			N/A	N/A	\$ Rate of pay	\$
<input type="checkbox"/> Camp Mediator/Inclusion Worker				N/A	\$ Rate of pay	\$
<input type="checkbox"/> Camp Fee <input type="checkbox"/> Summer <input type="checkbox"/> Christmas <input type="checkbox"/> March Break		N/A		N/A	\$ Cost per week	\$
<input type="checkbox"/> Social Skills Groups/Recreational Groups/Classes /Lessons			N/A		\$ Price per session	\$
<input type="checkbox"/> Other (specify):					\$	\$
					TOTAL REQUEST AMOUNT	\$

3. DATE OF SERVICE DELIVERY (when will the services take place?): (example: June 2009- October 2009)

5. What is the **anticipated outcome** expected from these additional services/supports for you and your child?
Check all that apply.

- Respite for parents
- social skill building
- relationship building
- improve communication skills
- community integration
- time for siblings/family members
- (other):

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Section 5: Consent

You must check box in order for your application to be processed.

I _____ (Parent/Guardian) understand that this application is for respite funding via Kerry's Place Autism Services and represents a one-time funding allocation, and is not guaranteed to be available in the future. I understand that the receipt of these funds is through reimbursement for services based on invoices which clearly outline who provided the respite and the activities engaged in during the respite.

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

DATE:

PLEASE SEND COMPLETED FORM TO:

cerrespiteapplication@kerrysplace.org

Fax: 905-841-1461

or

Mailing Address:

***CER Respite Applications
Kerry's Place Autism Services
34 Berczy Street., Suite 201
Aurora, ON L4G 1W9***