



Application for Respite Funding

Child's Name: _____

D.O.B: _____ Age: _____

New application **Renewal**

Diagnosis:

Developmental Disability Physical Disability

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

To be sent: ____ Previously sent to Catulpa CSS: ____ **Not required if renewal application**

Parent/Guardian Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Email Address: _____

Are there any custody arrangements: _____

Preferred Method of Contact:

____ Home Phone ____ Cell Phone ____ Work Phone ____ Mail ____ Email*

Most convenient time to call: _____ Can we leave a message? _____

***Email may only be used if Catulpa CSS has a signed consent form from Parent/Guardian.**

Family members/persons residing in the home:

Name	Relationship

Will more than one child in your family be receiving respite funding from Catulpa?

Yes **No**

If yes, please name: _____

Financial Support

Catulpa’s Children’s Respite is a compliment to your respite plan.

Do you currently receive any of the following?

	Applied	On Waitlist	Receiving	Not Eligible	Yearly/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					\$ \$

How much respite do I need?

Use the chart below to determine how many total respite hours/ skill building activities you and your child may need each week to meet your own needs and those of your family.

Respite hours should be planned and included into the family lifestyle on an ongoing basis, allowing you time to renew and an opportunity for the your child to have new experiences in the broader community

Do you currently have respite worker/workers? Yes No

For a List of Respite Workers available visit www.supportyourway.ca/

Helpful Tip: Think about the life skills your child will need as they grow and interact with peers when planning activities. (Example: attending boys and girls clubs)

Family Respite Plan

Child's Name: _____

	Name of Service Provider or Worker	#Hours per week & #of weeks	# of sessions	Cost
Respite Worker/Mediator In home			N/A	\$ Rate of pay
Mediator/Inclusion Worker while attending programs/ activities			N/A	\$ Rate of pay
Groups for Social Skills/Recreational activities Classes, Lessons (Skill development, Summer Christmas/March Break				\$ Cost per session
Other (Specify)				\$

Funding Reminder

Catulpa Community Support Services' respite funding is determined based on existing resources and your family's completed/submitted respite plan.

Respite funding can only be used on activities not already funded by other treatment services. Respite funding is a compliment to your existing respite budget.

Application Submission

Please print your name

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

Please sign your name

Signature of Parent/Guardian: _____

Date: _____

Mail

- this completed and signed form
- all eligibility documentation (new applications only) to:

Catulpa Community Support Services

165 Ferris Lane, Barrie, ON L4M 2Y1

Attn: Shannon Parton, Children's Respite Coordinator

If you need assistance completing this form, you are welcome to contact Shannon Parton at (705)733-3227 ext. 2282 or 1 877 803-3227 ext. 2282.