

Respite Care Services Application

Please complete the following information:

1. Child's Name: _____

2. D.O.B.: _____

3. Parents/Guardian's Names:

4. Address: _____

5. Phone Number: _____

6. Emergency Contacts: (List 2 available during respite times)
Name/Phone #: _____
Name/Phone #: _____

7. Child's School and Grade: _____

8. Current Diagnosis: _____

9. Medical Conditions & Allergies:

Dietary preferences or restrictions:

10. Elopement Risk? YES NO

11. My Child has a special interest in the following activities:

12. My child has some behavior difficulties as follows:

13. My child has an active behavior plan? YES NO

14. My child is comforted by the following things:

15. Is your child currently receiving services? YES NO If yes, through following which agency?

I/We are interested in respite care: (Check below)

____Saturday from noon-4:00pm

Parent/Child interviews will be scheduled on an individual basis and will take about 1 hour.

I/We understand that this service has limited availability and that a fee of \$20.00 will be charged each session. (Subject to change)

Parent/guardian signature

Date