

Application for Respite Funding

For Children (17 years and under) living at home

Child's Name: Male Female		
D.O.B:Age:		
Diagnosis:		
Eligibility, documentation attached: Yes: No: (if no, please explain why):		
To be sent: Previously sent to Simcoe Community Services: None available:		
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		
SERVICE REQUEST: Reason for your request, please check:		
☐ <u>Crisis</u> (due to child or caregiver's immediate health/support needs)		
Explanation:		
☐ <u>Urgent</u> (due to a change in the child's support needs; health, behaviour)		
Explanation:		
Request for funding continued:		
☐ <u>Other</u> (example - high need for extra funding)		
Explanation:		

Assistance for Children with Severe Disabilities (ACS	eceiving; for example: Special Services At Home (SSAH), SD), School Aged Day Care (SADC). Other types of funding Enhancement Funding, Children's Complex Care Funding. If ite "None".	
Funding:		
<u>(</u>	Consent	
Ihereby 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 Simcoe Community Services 39 Fraser Court Barrie, Ont. L4N 5J5

Phone: (705)726-9082 Ext. 2259

Fax: (705)720-1083

Continued:

Email: charris@simcoecommunityservices.ca