



HURON RESPITE NETWORK

**Request for Respite
Intake/Referral Form
CONFIDENTIAL**

15 Rattenbury St. E.
P.O. Box 1581
Clinton, Ontario N0M 1L0
Phone (519) 482-3115
Fax (519) 482-7667
e-mail huronrespitenet@tcc.on.ca
www.huronrespitenet.ca

SECTION A

Date _____

Applicant's Name _____

Address: _____

Phone: _____ Date of Birth: _____ Male/Female: _____

Person Requesting Respite: _____ Relationship to Applicant: _____

Is this the first request for respite? Yes _____ No _____

Describe the Respite Service you are looking for? Date(s), Number of Respite Period(s) Required (Planned and/or Emergency) and Cost if known i.e. 1:1 support, registration for camp?

Parents/Guardian/Caregiver: _____

Phone (Home) _____ (Business) _____

Address (If different than above): _____ Postal Code: _____

Emergency Contact Person _____ Phone: _____

Health Card Number (In Case of Emergency): _____



SECTION B

Is there a friend, family member or neighbor who might be interested in providing respite?

Respite Provider used in the past? _____

Please provide information about the person to be placed (i.e. physical abilities; developmental abilities; allergies; medications, supervision and care needs etc)

Other considerations/restrictions (i.e. medical concerns; behavior concerns; communication etc.)

Please indicate using the chart below, the agencies you are receiving services from? What type of service(s) are you receiving and how much are provided on an hour per week basis? (i.e. Respite, Special Services at Home, Assistance for Children with Severe Disabilities, Development and Support, Parent Relief, Activity Centre, Occupational Therapy, Speech Therapy, Homemaking, Nursing, Family/Individual Counseling etc.)

Service	Type of Service	Amount of Service	Service Contact
Children's Aid Society			
Family Home Program			
Community Support for Families			
Huron Safe Homes for Youth			
Community Living - Central Huron			
Community Living - South Huron			
Wingham and District Community Living Association			
Community Care Access Centre			
Canadian Mental Health Association			
Huron Perth Crisis Intervention Program			
Rural Response for Healthy Children			
Huron Perth Children's Centre			
Child Parent Resource Institute (CPRI Foundations			
Other			

Do you give verbal permission for the sharing of information with? Yes _____ No _____

Please specify service(s)/person(s): _____

Do you have an Individual Service Agreement (ISA) with a completed Life Plan? Y / N _____

If yes: who maintains the ISA? Ie: CLCH, CLSH, WDCLA? _____

SECTION C

How will respite services benefit you (individual/family)? _____

Have you attempted or planning to access funds for similar support(s) through other services/sources? If so, please list and provide outcome?

How much will you (individual/family) be able to contribute for respite services? _____

Intake Completed by (Please Print) _____ Date _____

Agency _____ Phone _____

Required Documentation to Accompany Referral/Request for Respite Subsidy:

Release of Information (Please Complete and Attach) Date: _____

Documentation of Disability (Please Attach Copy) Date _____

Office Use Only:

Action Taken: _____

Disability Doc: Sighted ___ **Source** _____ **Prepared By** _____ **Date** _____



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**AUTHORIZATION TO OBTAIN OR RELEASE
INFORMATION**

FOR PEOPLE REQUESTING RESPITE

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I _____ give the Respite Coordinator permission to release
and/ or obtain information concerning _____ with the following
agencies or programs indicated by my initials:

Agency/program	Initial
Community Living – Central Huron	_____
Community Living – South Huron	_____
Wingham and District Community Living Assoc.	_____
Community Support for Families	_____
Family Home Program	_____
Huron Safe Homes for Youth	_____
Children’s Aid Society	_____
Huron Perth Crisis Intervention Program	_____
Community Care Access Centre for Huron	_____
Community Resource Facilitator – ACL	_____
Adult Protection Service Worker	_____
CPRI	_____
Rural Response for Healthy Children	_____
Huron Perch Centre for Children	_____
Foundations	_____
Physician/Specialist	_____
Other (specify)	_____
_____	_____
_____	_____
_____	_____

This consent is effective from _____ to _____

Signature of Parent/Guardian/Individual _____

Date _____

Witness _____