



Respite Child Care Program
12 Flynn Street
Lebanon, NH 03766

Special Needs Support Center of the Upper Valley
Application for Respite Care, 2007-2008
(must be completed and signed by the parent/guardian)

Name of Parent/Guardian: _____

Family Address: _____

Town: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Work: _____ Cell: _____

Check one: initial application _____ renewal _____ Today's Date: _____

A. Children in family (please list all not just those who need respite care)

1. Child: _____ DOB: _____ Male _____ Female _____

2. Child: _____ DOB: _____ Male _____ Female _____

3. Child: _____ DOB: _____ Male _____ Female _____

4. Child: _____ DOB: _____ Male _____ Female _____

B. Other family members:

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

C. Reason for seeking help with respite care (please explain briefly about issues such as personal stress, financial stress, parenting challenges, changes in family circumstance):

D. Which of your children need respite care? What is each child's need for service?

Please tell us the *amount of care* you are seeking (in hours), *the time frame* (for example, weekdays, evenings), *frequency* (for example every week, once per month), and *the location* that you would prefer the care to happen in (your home or provider's). List all children needing care, and note the specific care requirements for each:

1. Child: _____ Respite care details for this child:

2. Child: _____ Respite care details for this child:

3. Child: _____ Respite care details for this child:

E. Do any of your children have special needs? Please tell us a little about these children so that we may establish good care arrangements for them:

F. Additional information to help us provide you with respite:

Do you need help paying for respite care? _____

If yes, is there an hourly rate that you can contribute? _____

Do you have a provider in mind? Who? _____

Are you hoping to have us find a provider for you? _____

Please tell us who referred you to the program: _____

Is another agency already helping you with respite or attempting to help you?

Yes _____ No _____ If yes, may we contact them? _____

Name of contact person, agency name, and phone number:

****Parent's signature:** _____ **Date:** _____
(or guardian's)

Your signature confirms that you want our help in finding and/or paying for care. It also allows us to share your family's names, contact information, and some limited information about your child's needs with a possible provider.