

**APPLICATION FOR  
ENHANCED CRISIS RESPITE ASD**

**Mandatory Criteria:**

1. Resident of Muskoka, Nipissing, Parry Sound.
2. Child is under 18 years old.
3. Diagnosis of ASD (Autism, Asperger Syndrome, PDD-NOS).
4. Short-term need for support.
5. Crisis event could not be anticipated or planned for.
6. Event poses risk of harm to child or others.
7. Possibility of family breakdown or potential for loss of child's placement.
8. Child lives at home and requires 24 hour supervision.
9. All other sources of funding have been explored and/or exhausted.

Date of Application:
Child's Name:
D.O.B.:
Parent Name:
Address:
Phone #:

<b>For Office Use Only</b>	
<b>Application Received:</b> _____	
<b>Approved:</b> _____	<b>BY:</b> _____
<b>AMOUNT:</b> _____	
<b>Letter Sent:</b> _____	<b>BY:</b> _____
<b>P.O. #</b> _____	<b>(if paid to ACL) DATE:</b> _____

Is there a Diagnosis of Autism Spectrum Disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No
Who is the Pediatrician?
Who is the Respite Worker?
Who is the Respite Contact Person?
Is the child on a waitlist for respite services? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, since when?
Is there one of the following plans? <input type="checkbox"/> <b>Person Centered Plan</b> <input type="checkbox"/> <b>Treatment Plan</b> <input type="checkbox"/> <b>Individual Educational Plan</b> <input type="checkbox"/> <b>Other</b>
When was the plan last updated?
If there is no plan, please explain:

When was the last case conference?

Please identify which agencies/professionals are currently involved and/or attending case conferences:

- |  |  |
|--|--|
| <input type="checkbox"/> Association for Community Living          | <input type="checkbox"/> Algonquin Child and Family Services   |
| <input type="checkbox"/> Community Counselling                     | <input type="checkbox"/> One Kids Place                        |
| <input type="checkbox"/> Integrated Services for Northern Children | <input type="checkbox"/> Education (i.e., your child's school) |
| <input type="checkbox"/> Occupational Therapy                      | <input type="checkbox"/> Speech Therapy                        |
| <input type="checkbox"/> Resource Teacher                          | <input type="checkbox"/> Community Care Access Centre          |
| <input type="checkbox"/> Children's Aid Society                    | <input type="checkbox"/> Other                                 |
| <input type="checkbox"/> Other                                     | <input type="checkbox"/> Other                                 |

What natural supports do you currently have and are able to access?

- |                                     |                                  |
|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Family     | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Neighbours | <input type="checkbox"/> Other   |

What is the situation which precipitated this request (what changed?)

- |                                      |                                   |
|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Medical     | <input type="checkbox"/> Social   |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Familial |
| <input type="checkbox"/> Behavioural | <input type="checkbox"/> Other    |

Please provide details:

What steps have been taken by the team to plan for the next crisis (proactive steps) (short and long-term goals)?

What situations will you be facing if you do not receive these funds?

Do you and team have a "back up" plan?  Yes  No

**Explain:**

At the last case conference, was this request for respite discussed?  Yes  No

If no, what is the reason?

Were the team members in favour of this request? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>
Have you received other sources of funding for Respite? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

<p>What are they? <input type="checkbox"/> <b>Special Services at Home (SSAH)</b>  <b>How much? \$</b>  <b>What were the dollars identified for?</b></p> <p style="text-align: right;"> <input type="checkbox"/> <b>Personal Development</b>  <input type="checkbox"/> <b>Respite</b>  <input type="checkbox"/> <b>Medical</b>  <input type="checkbox"/> <b>Other</b> </p> <p><input type="checkbox"/> <b>Assistance for children with severe disabilities (ACSD)</b>  <b>How much? \$</b>  <b>What monthly amount has been identified for respite? \$</b></p> <p><input type="checkbox"/> <b>Association for Community Living Respite</b>  <b>How much? \$</b></p> <p><input type="checkbox"/> <b>Community Care Access Centre Respite</b>  <b>How much? \$</b></p> <p><input type="checkbox"/> <b>Other</b>  <b>How much? \$</b></p> <p><input type="checkbox"/> <b>Case Resolution</b>  <b>How Much? \$</b></p>
<p><b>Amount of Respite requested? \$</b></p> <p># of Hours per week          # of weeks          amount per hour</p>
<p>What will this money be used for?</p>
<p>Is this your first request for Enhanced Respite? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b></p> <p><b>If no, when did last receive it and what was it used for?</b></p>
<p>Do you have a case manager? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>          <b>Name:</b></p> <p><b>If no, please explain:</b></p>
<p>Other comments you would like to add:</p>

Case Manager	Agency	Date
Service Provider	Agency	Date
Family's Signature		Date

- Please ensure that the parent has signed consent to disclose information to Hands TheFamilyHelpNetwork.ca (formerly Algonquin Child & Family Services)
- For questions or assistance in completing the form, please contact Virginia Trott, Enhanced Respite Coordinator at (705) 476-2293 ext. 1350
- Send completed application to: Hands TheFamilyHelpNetwork.ca  
222 Main Street East  
North Bay, ON P1B 1B1  
ATTENTION: Autism Enhanced Respite
- Applications may also be submitted by email to: [vtrott@handstfhn.ca](mailto:vtrott@handstfhn.ca)  
*If submitting electronically, please confirm an application with the parent/guardian's signature is on file.*

**Please note:** Enhanced Respite applications are reviewed on a regular basis by staff within Hands TheFamilyHelpNetwork.ca. Using a consistent set of guiding principles, each application is evaluated and a decision is made regarding approval and amount of funding to be allocated. The Nipissing Autism Respite Advisory Committee is informed on a regular basis of all decisions made without disclosing any identifying information.