

**APPLICATION FOR INDIVIDUAL  
ENHANCED SPECIAL ACTIVITIES RESPITE**

**Criteria:** first three are mandatory:

1. Resident of Muskoka, Nipissing, Parry Sound.
  2. Child is under 18 years old.
  3. Diagnosis of ASD (Autism, Asperger Syndrome, PDD-NOS).
- The request must meet at least 2 of the following Criteria:
4. Activity will introduce child to an activity they would not otherwise have access to.
  5. Activity will foster inclusion.
  6. Funding will enhance capacity of community services to accommodate children with autism.
  7. Activity will provide the opportunity for social interaction.
  8. Activity will provide the opportunity to learn new skills or pursue interests.

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

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| <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> _____ |                  |

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| Is there a Diagnosis of Autism Spectrum Disorder? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b><br>(written confirmation of diagnosis is not required, but may be requested at any time)   |
| Have you applied for/received other sources of funding for Respite? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |
| What are they? <input type="checkbox"/> <b>Special Services at Home (SSAH)</b><br>Amount \$ _____ <b>OR</b> on waitlist <input type="checkbox"/> <b>OR</b> do not qualify <input type="checkbox"/><br>What were the dollars identified for? <input type="checkbox"/> Personal Development<br><input type="checkbox"/> Respite<br><input type="checkbox"/> Medical<br><input type="checkbox"/> Other |
| <input type="checkbox"/> <b>Assistance for Children with Severe Disabilities (ACSD)</b><br>Amount \$ _____ <b>OR</b> on waitlist <input type="checkbox"/> <b>OR</b> do not qualify <input type="checkbox"/><br>What monthly amount has been identified for respite? \$ _____  |
| <input type="checkbox"/> <b>Community Living North Bay Respite Services</b><br>Amount \$ _____ <b>OR</b> on waitlist <input type="checkbox"/> <b>OR</b> do not qualify <input type="checkbox"/>   |

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| <input type="checkbox"/> <b>Community Care Access Centre Respite</b><br>Amount \$ <b>OR</b> on waitlist <input type="checkbox"/> <b>OR</b> do not qualify <input type="checkbox"/> |
| <input type="checkbox"/> <b>Case Resolution</b><br>Amount \$   |
| <input type="checkbox"/> <b>Other</b><br>Amount \$   |
| Do you currently have a respite worker? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>   |
| <b>Amount of Respite funds requested? \$</b>   |
| What special activity will the child be participating in?  |
| Has the child participated in the activity before? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |
| When does the activity occur?  |
| How will the funds be used to help facilitate the child's participation in this activity?  |

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| How will the child benefit from attending the activity?                     |
| <input type="checkbox"/> Learn new skills    Specify:                       |
| <input type="checkbox"/> Learn skills needed for a future event    Specify: |
| <input type="checkbox"/> Social interaction    With whom?                   |
| <input type="checkbox"/> Other    Specify:                                  |
| Other relevant information:   |

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|---------------------------|--------|------|
| Parent/Guardian Signature |        | Date |
| Case Manager              | Agency | Date |

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| <ul style="list-style-type: none"> <li>• Please ensure that the parent has signed consent to disclose information to Hands TheFamilyHelpNetwork.ca (formerly Algonquin Child &amp; Family Services)</li> <li>• For questions or assistance in completing the form, please contact Virginia Trott, Enhanced Respite Coordinator at (705) 476-2293 ext. 1350</li> <li>• Send completed application to: Hands TheFamilyHelpNetwork.ca<br/>222 Main Street East<br/>North Bay, ON P1B 1B1<br/>ATTENTION: Autism Enhanced Respite</li> <li>• Applications may also be submitted by email to: <a href="mailto:vtrott@handstfhn.ca">vtrott@handstfhn.ca</a><br/><i>If submitting electronically, please confirm an application with the parent/guardian's signature is on file.</i></li> </ul> <p><b>Please note:</b> 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.</p> |
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