

Guide for completion of the ASD Respite Funding application 2010-2011

1. The ASD Respite Funding program is annually funded and thus families must re-apply each year. We regret that, due to the large number of applications, we are unable to consult last year's application for information.
2. Supporting documentation is required for all applicants (to confirm eligibility). Supporting documentation is a psychological assessment with a diagnosis of autism, PDD or Asperger Syndrome.

If you are a registered client of one of the designated agencies listed below (*referred to in Question #1 of the application*), you do not need to attach any documents with this application because your eligibility has already been confirmed. If you are not a client of one of the designated agencies then you need to attach supporting documentation and the documentation you send will also be used to complete your registration with the agency in your area. For example, in the city of Ottawa, the agency you will be registered with is Service Coordination des services. For any other information on supporting documentation or registering with an agency please call:

- o Service Coordination des services: 613-748-1788
- o S,D & G Developmental Services Centre: 613-938-9550
- o Prescott-Russell Services to Children and Adults: 613-673-5148
- o Developmental Services FCS Renfrew County: 613-735-6866 ext. 4128

3. It will be a representative of the agency in your area who will call you to confirm receipt of your application and to review the information you have submitted.
4. **Unfortunately, all applications received at our office after the deadline of April 09, 2010, will not be considered for funding.** These applications will be added to a wait list should additional funding become available to the program.
5. Please note that only the information that is provided on the application will be considered by the review committee. If you have information on file at Service Coordination des services or another agency, we are not able to consult it to evaluate your application.

6. **For help with filling out Question 3:** Please tick the boxes that adequately reflect your request for respite. Please explain, with as many specifics as you can, how you plan to use the funds if they were allocated. You can select a combination of any or all of the options.

For the purposes of this application, 'in home' respite refers to hiring a person to come and look after your child during the day or night in your own home. Secondly, the term 'out of home' respite refers to hiring a person to care for your child during the day or night in any place besides your home and could mean regularly having a person take your child for a couple of hours to a park or other activity outside the home or enrolling your child in a community program or having them spend time away at a special needs respite placement. Lastly, 'camp' can refer to a day camp or a sleep-away camp.

Please note that, although important, ABA or IBI therapy is not included as an option that these funds can be used to purchase.

7. **For help with filling out Question 5:** Please describe the challenges presented by your child. It is important to indicate the level of supervision your child requires and who is involved in supporting you.

Frequency: How often does this challenge occur?

1 = monthly, but not weekly

2 = weekly, but not daily

3 = daily, but not hourly

4 = hourly or more frequently

Supports: Who is helping out?

F = family members (including extended family)

S = special needs workers

P = professionals

O = other

Examples:

Challenge	Frequency	Description/Other comments	Supports
Communication needs	4	My child is non-verbal and needs my constant support or his teacher's to communicate.	F, P
Safety concerns Running away	4	My child needs to be supervised constantly as he would wander away and has no sense of danger – strangers, traffic, dangerous substances or items.	F
Self injury	2	Occasionally my child, when upset, will bite his hand.	F
Aggression	4	My child will hit her younger sister or me when frustrated. We are working with a behavioural management consultant to see how we can help decrease this behaviour.	F, P

Hyperactivity	4	As soon as my child gets home from school he goes zooming around the house, turning everything upside down and barely stops until he is in bed. It is exhausting for me so I have a worker who comes to my home for two hours each day so I can try and get supper and other chores done. If I have to take her shopping I make sure I can have a friend come with me.	F, S, O
Tantrum/Anger Management	3	My child lies down on the floor and pounds on the carpet with her head when frustrated by certain things. I have to be careful to make sure she doesn't hurt herself.	F
Medical condition (as diagnosed by a doctor)	1	My child has epilepsy which is almost controlled by medication but his health needs to be monitored as this affects the frequency of seizures.	F, P
Secondary diagnosis (as diagnosed by a psychologist or other specialist)	n/a	My child has a mild developmental delay.	
Other		In this box, an applicant could describe other behavioral challenges such as sexualized behaviors, destruction of property, etc. A special diet can also be noted and/or assistance with the child's personal care needs – feeding, bathing, toileting, mobility and dressing – taking into account the child's age. **	

** (ensure that these comments are related to your child's age – for example – constant supervision or assistance in toileting is required for a one year old)

8. **For help with filling out Question 6:** Please indicate your child's main daily activity.
- If your child regularly attends school each day please enter a tick mark in the 'Full Day' column.
 - If your child is of pre-school age and home by choice, please enter a tick mark in the 'Full Day' column.
 - If your child is of pre-school age and is home because you are unable to locate a preschool/nursery or daycare because of your child's needs (e.g. behavioural, medical issues) please enter a tick mark in the 'No day supports' column.
 - If your child is home schooled by choice enter a tick mark in the full day column.
 - If home schooling is a result of not being able to attend school (suspension, break down of services, etc) please enter a tick mark in the 'No day supports' column.

9. **For help with filling out Questions 7 and 8:** Please indicate how many people live in your household and how many of those (excluding yourself and the child for which you are completing this application) have challenges which require your support. If the person you are supporting, e.g. an elderly parent, **does not live with you** – enter this information in question 10.

10. **For help with filling out Question 9:** All questions are related to the child's primary caregiver(s). Select all items that relate to your situation.

For example, a single caregiver with no support from the other parent can tick off:

1. Single caregiver/parent and
2. Primary caregiver has no support from other caregiver(s) (husband, wife, or partner).

Informal supports can include neighbors, friends and family members who do not live in the home (aunts, uncles, cousins, grand-parents, etc). Any situation that is not included but impacts on your ability to support your child and your need for respite, please add in question 10.

11. Please indicate which agency provided you with the ASD application. (For example; Service Coordination, the Ottawa Children's Treatment Centre, CHEO, etc.)

12. Please make sure you sign and date the application.

It is a pleasure working with you. Please continue to provide us your feedback as we try to improve this process each year. A general 'Frequently asked questions' is available on our website or for any questions please call us: Service Coordination 613-748-1788.