

Respite Funds Application

Dear families:

Limited funds are available to families who have children and youth with special health care needs for **direct respite care** and **camp respite funds**. The purpose of respite is to provide some relief to families caring for children and youth with special health care needs. These services are to be family directed, with the provider and the location of the respite services determined by family choice.

The limited respite funds will be awarded based upon family need.

You must fill out and return the Respite Funds Request form at the bottom of this notice to be eligible for respite funding by _____.

For further information please contact the Regional Medical Home Support Center at:

Renae L. Vitale, LCSW
RMHSC Northwest
St. Mary's Children's Health Center
56 Franklin St.
Waterbury, CT. 06706
Phone: 203-709-5716
Fax: 203-709-5153
Toll Free: 866-517-4388

-----*Detach and return to request respite funds*-----

RESPITE FUNDS REQUEST

Child's Name (first & last) _____

Parent/Guardian's Name (first & last) _____

Parent/Guardian's Social Security Number _____

Parent/Guardian's Address _____

Town _____ State _____ Zip Code _____

Phone Numbers (Daytime) _____ (Evening) _____

Best time to call _____