



CLIENT AGREEMENT: RESPITE PROGRAM

I, (Name of Caregiver/Client) _____, verify that I am the primary caregiver of the relative child in my care. I understand that the YMCA Kinship Program is a voluntary program and I willingly agree to services. I give permission to YMCA Kinship to provide services to myself and the following:

(Names of children/family members): _____

Please read and initial the following:

Initial _____ I understand that Respite assistance through Aging & Independence Services is only available for relative caregivers that are 55 or older in San Diego County, who provide proof of age.

Initial _____ I understand that my Respite request will not be processed if it is incomplete (i.e. missing any required documentation such as copy of ID or completed request form). It is my responsibility to confirm that my Respite packet is complete and my request will be processed. My packet must be updated annually.

Initial _____ I understand that the KINSHIP Respite program has the discretion to approve or not approve the requested Respite provider (i.e. YMCA camp, childcare provider, non-YMCA camp). If the provider I request is not approved, then I will be asked to find alternative Respite providers.

Initial _____ I understand that I am eligible for up to 120 hours of Respite per child, per fiscal year (July 1-June 30). The number of hours I receive may be less than 120 hours per child depending on how many hours are available when I apply for Respite. (For example, if you apply for Respite at the end of the fiscal year, there may not be any hours remaining.) I understand requests are considered on a first come, first serve basis.

Initial _____ I understand that my approved Respite hours will be stated on the *Summary of Approved Respite* form, and payment will only be provided for these hours. I am not approved for any hours that are not included on the form and will be responsible for any payment beyond approved hours.

Initial _____ I understand my child must attend the duration of the Respite approved (the full schedule each day), or at least the minimum number of hours as stated in the *Summary of Approved Respite*. All hours approved, but not used, will be lost.

Initial _____ I understand that any registration fee or additional cost beyond the Respite service will not be covered by the Respite program, and that any such fees are my responsibility.

Initial _____ I understand that I will not hold the YMCA of San Diego County liable for the care of my child/children while they are in care of a Non -YMCA Respite Provider.

Initial _____ I understand that I do not have to use YMCA camps or day care providers. I will not hold the YMCA of San Diego County liable for the care of my child/children if they are not attending a YMCA camp or day care program.

Initial_____ I understand that as the person registering the Respite care, I am the only person authorized to make changes to the requested Respite services (i.e. a date change or cancellation to camp).

Initial_____ I understand that funding is limited for Respite, especially during the summer months. Approval of Respite is not guaranteed, even if I am a former Respite recipient, and requests should be made with sufficient advanced notice: one month notice for non-summer requests & three to four months for summer.

Initial_____ I understand that if I sign up for a camp or other Respite activity before I receive confirmation from the Respite Coordinator that it has been approved, my request may be denied. I must plan ahead and submit requests at least a month before any registration or payments are required and even farther in advance for summer requests. No retro pay is available.

Initial_____ I understand the Kinship Respite program does not offer emergency Respite.

Initial_____ I understand that my personal contact information will only be used for YMCA interagency and AIS providers/partners. My sensitive personal information will be stored in a secure database. Limits of Confidentiality have been disclosed to me (below)

- If staff has *reasonable suspicion* that the child in the care of a relative caregiver is a victim of child abuse — either physical or sexual — staff is mandated to report that information to Child Protective Services. This also applies to suspicion of elder abuse, which will be reported to Adult Protective Services.
- If staff concludes that the caregiver or child is a danger to himself/herself or others, staff is required to notify the police, which may lead to further investigation, assessment and possible involuntary psychiatric evaluation.
- If the relative caregiver or child makes a threat to physically harm another, staff is legally mandated to report the threat to both the police and the intended victim.

Caregiver Signature

Date

| |
|--------------------------------|
| Office Use Only |
| Care Access Q Database # _____ |
| Proof of age verified: _____ |

Please provide Copy of ID for age verification