



RESPITE REQUEST FORM (one per child)

Your request will not be considered until this form is complete

1. Today's Date: _____
2. Caregiver/Guardian Name: _____ Phone #: _____
3. Child's Name: _____ Child's Age: _____
4. Type of Respite Activity (**Check One Box Only**)

| | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Overnight Camp | <input type="checkbox"/> Before/After School Program |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Special Needs | |

Requests for non-YMCA Childcare providers must include the following:

- **W-9 form completed and signed by provider**
- **Copy of provider's childcare license**
- **Copy of provider's rate/cost sheet**

5. Name of Respite Provider/Activity: _____
 (Example: Jackie Robinson YMCA)
 (Example: Bumble Bees Day Care)

| | | |
|----------------------------------|-------|-------|
| | CAMP | DATES |
| 6. Name of Camp (if applicable): | _____ | _____ |
| (Example: Adventure Camp) | _____ | _____ |
| | _____ | _____ |

7. Phone Number/Contact Information for Activity Provider: _____

8. Are you 55 years old or older? (**Circle One**) Yes No

9. Cost of Respite Activity: \$ _____ per: (**day/week/month**) _____

10. Dates of Respite Activity: Dates: _____
 (for Respite other than camp)

11. Schedule of Respite Activity (for childcare and afterschool care):
 (Example: Tuesdays and Thursdays, 9 AM to 1 PM)
 (Example: M T W Th F, 2:30 PM to 5:30 PM)
 Days: _____ Start time: _____ End Time: _____

12. Total Hours of Respite Requested:
 (Example: 5 days of camp for 8 hours = 40 hours)
 (Example: 12 days of childcare for 5 hours = 60 hours) Hours: _____

13. How did you find out about the YMCA Kinship Respite Program?
 Case Manager _____ School Flyer
 Kinship Support Group _____ Friend Other: _____



RESPIRE REQUEST FORM (one per child)

Your request will not be considered until this form is complete

1. Today's Date: _____
2. Caregiver/Guardian Name: _____ Phone #: _____
3. Child's Name: _____ Child's Age: _____
4. Type of Respite Activity (**Check One Box Only**)

| | | |
|---|---|--|
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Overnight Camp | <input type="checkbox"/> Before/After School |
| Program <input type="checkbox"/> Child Care | <input type="checkbox"/> Special Needs | |

Requests for non-YMCA Childcare providers must include the following:

- W-9 form completed and signed by provider
- Copy of provider's childcare license
- Copy of provider's rate/cost sheet

5. Name of Respite Provider/Activity:
 (Example: Jackie Robinson YMCA) _____
 (Example: Bumble Bees Day Care) _____

6. Name of Camp (if applicable):

| | | |
|-------|-------|-------|
| | CAMP | DATES |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

 (Example: Adventure Camp)

7. Phone Number/Contact Information for Activity Provider: _____

8. Are you 55 years old or older? (**Circle One**) Yes No

9. Cost of Respite Activity: \$ _____ per: (**day/week/month**) _____

10. Dates of Respite Activity: Dates: _____
 (for Respite other than camp)

11. Schedule of Respite Activity (for childcare and afterschool care):
 (Example: Tuesdays and Thursdays, 9 AM to 1 PM)
 (Example: M T W Th F, 2:30 PM to 5:30 PM)
 Days: _____ Start time: _____ End Time: _____

12. Total Hours of Respite Requested:
 (Example: 5 days of camp for 8 hours = 40 hours)
 (Example: 12 days of childcare for 5 hours = 60 hours) Hours: _____

13. How did you find out about the YMCA Kinship Respite Program?
 Case Manager _____ School Flyer
 Kinship Support Group _____ Friend Other: _____



RESPITE REQUEST FORM (one per child)

Your request will not be considered until this form is complete

1. Today's Date: _____
2. Caregiver/Guardian Name: _____ Phone #: _____
3. Child's Name: _____ Child's Age: _____
4. Type of Respite Activity (**Check One Box Only**)

| | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Overnight Camp | <input type="checkbox"/> Before/After School Program |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Special Needs | |

Requests for non-YMCA Childcare providers must include the following:

- **W-9 form completed and signed by provider**
- **Copy of provider's childcare license**
- **Copy of provider's rate/cost sheet**

5. Name of Respite Provider/Activity: _____
 (Example: Jackie Robinson YMCA)
 (Example: Bumble Bees Day Care)

| | | |
|----------------------------------|-------|-------|
| | CAMP | DATES |
| 6. Name of Camp (if applicable): | _____ | _____ |
| (Example: Adventure Camp) | _____ | _____ |
| | _____ | _____ |

7. Phone Number/Contact Information for Activity Provider: _____

8. Are you 55 years old or older? (**Circle One**) Yes No

9. Cost of Respite Activity: \$ _____ per: (**day/week/month**) _____

10. Dates of Respite Activity: Dates: _____
 (for Respite other than camp)

11. Schedule of Respite Activity (for childcare and afterschool care):
 (Example: Tuesdays and Thursdays, 9 AM to 1 PM)
 (Example: M T W Th F, 2:30 PM to 5:30 PM)
 Days: _____ Start time: _____ End Time: _____

12. Total Hours of Respite Requested:
 (Example: 5 days of camp for 8 hours = 40 hours)
 (Example: 12 days of childcare for 5 hours = 60 hours) Hours: _____

13. How did you find out about the YMCA Kinship Respite Program?
 Case Manager _____ School Flyer
 Kinship Support Group _____ Friend Other: _____



RESPITE REQUEST FORM (one per child)

Your request will not be considered until this form is complete

1. Today's Date: _____
2. Caregiver/Guardian Name: _____ Phone #: _____
3. Child's Name: _____ Child's Age: _____
4. Type of Respite Activity (**Check One Box Only**)

| | | |
|-------------------------------------|---|--|
| <input type="checkbox"/> Day Camp | <input type="checkbox"/> Overnight Camp | <input type="checkbox"/> Before/After School Program |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Special Needs | |

Requests for non-YMCA Childcare providers must include the following:

- W-9 form completed and signed by provider
- Copy of provider's childcare license
- Copy of provider's rate/cost sheet

5. Name of Respite Provider/Activity: _____
 (Example: Jackie Robinson YMCA)
 (Example: Bumble Bees Day Care)

| | | |
|----------------------------------|-------|-------|
| | CAMP | DATES |
| 6. Name of Camp (if applicable): | _____ | _____ |
| (Example: Adventure Camp) | _____ | _____ |
| | _____ | _____ |

7. Phone Number/Contact Information for Activity Provider: _____

8. Are you 55 years old or older? (Circle One) Yes No

9. Cost of Respite Activity: \$ _____ per: (day/week/month) _____

10. Dates of Respite Activity: Dates: _____
 (for Respite other than camp)

11. Schedule of Respite Activity (for childcare and afterschool care):
 (Example: Tuesdays and Thursdays, 9 AM to 1 PM)
 (Example: M T W Th F, 2:30 PM to 5:30 PM)
 Days: _____ Start time: _____ End Time: _____

12. Total Hours of Respite Requested:
 (Example: 5 days of camp for 8 hours = 40 hours)
 (Example: 12 days of childcare for 5 hours = 60 hours) Hours: _____

13. How did you find out about the YMCA Kinship Respite Program?
 Case Manager _____ School Flyer
 Kinship Support Group _____ Friend Other: _____