

THE CRIDGE RESPITE RESOURCE SERVICE

Respite Care Providers – Application Form

Respite Care can be: Provided by friends, relatives, trained volunteers, paraprofessionals or professionals; in the Family's home or in the Respite Care Provider's home, in community programs, licensed child care centres or homes, or facilities specifically designed for Respite Care; for a short period of time or ongoing, planned or emergency temporary childcare ranging from a few hours on one occasion to regularly scheduled times.

Respite Care contributes to the well-being of our community through supporting families who care for children and youth with special needs.

Section 1: GENERAL INFORMATION

1. Complete name of Respite Care Provider: _____

2. Mailing Address: _____

Apt/ House #

Street

City

Province

Postal Code

3. Telephone number: _____

Cellular Phone Number: _____

4. E-Mail Address: _____

5. Name of Municipality currently residing in: _____

Victoria, Esquimalt, Oak Bay, Saanich, North Saanich, Central Saanich, Sidney, View Royal, Westshore, Sooke and Gulf Islands.

6. I will offer respite care: in my home licensed facility in the family's home

7. Do you have a vehicle that you can drive? Yes No

8. Languages spoken: _____

II. SCHEDULING INFORMATION

9. Availability (Please mark N/A on days not available)

| Day of the Week | Start Time | End Time |
|-----------------|------------|----------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Please check municipalities willing to provide respite care in:

Victoria

Esquimalt

Oak Bay

View Royal

Saanich Peninsula

Sidney

Langford, Colwood, Metchosin (Westshore)

Sooke, Jordan River, Port Renfrew

Gulf Islands

Are you flexible within these hours? Yes No

Comments:

10. How long do you anticipate being available (length of commitment)?

3-6 months Yes No

6-12 months Yes No

Over 1 year Yes No

11. Preferred ages to care for (please check)

0-18 months Yes No

18-36 months Yes No

3-5 years Yes No

6-12 years Yes No

12-18 years Yes No

12. I will provide respite care:

during the day

during evenings

on statutory holidays

during weekdays

during weekends

summer holidays

anytime

overnight

III. SERVICES OFFERED

13. I am an independent respite caregiver: Yes No

14. I am affiliated with an agency/program Yes No
that offers respite services

If yes, please indicate the agency/program with which you are affiliated:

- | | |
|--|---|
| <input type="checkbox"/> Queen Alexandra Centre | <input type="checkbox"/> Community Living Victoria |
| <input type="checkbox"/> Community Options | <input type="checkbox"/> Ministry for Children and Families |
| <input type="checkbox"/> Recreation Integration Victoria | <input type="checkbox"/> Licensed Child Care Facility |
| <input type="checkbox"/> Independent Agency | <input type="checkbox"/> Other _____ |

Affiliation with an agency will be verified by The Cridge Respite Resource Service.

15. I will offer care for:

- only child with supported child care needs
- child plus his/her siblings
- child, along with other children in the facility
- child and the provider's own child/children/grandchildren (family day care home)

16. If you offer any other type of child care, please indicate below:

- | | |
|--|--|
| <input type="checkbox"/> Group Day Care | <input type="checkbox"/> License-Not-Required |
| <input type="checkbox"/> Preschool | <input type="checkbox"/> Family Child Care |
| <input type="checkbox"/> Family Child Care | <input type="checkbox"/> Nanny |
| <input type="checkbox"/> School-Age Facility | <input type="checkbox"/> Approved Foster Home |
| <input type="checkbox"/> Childminding | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Residential Care | |

17. I am able to provide services for these needs (please check ✓)

- | | |
|---|--|
| <input type="checkbox"/> mobility assistance | <input type="checkbox"/> assistance with toileting |
| <input type="checkbox"/> wheelchair assistance | <input type="checkbox"/> assistance with eating |
| <input type="checkbox"/> immobility | <input type="checkbox"/> special eating procedures |
| <input type="checkbox"/> lifting & transferring | <input type="checkbox"/> therapy follow through |
| <input type="checkbox"/> assistance with dressing | <input type="checkbox"/> night monitoring |
| <input type="checkbox"/> challenging behaviours | <input type="checkbox"/> medication administration |

18. Other services I am willing to offer (please check ✓)

- | | |
|--|--|
| <input type="checkbox"/> cleaning up dishes | <input type="checkbox"/> folding laundry |
| <input type="checkbox"/> preparing meals (food provided by family) | <input type="checkbox"/> transportation to/from the child's home |
| <input type="checkbox"/> preparing meals (food provided by me) | <input type="checkbox"/> transportation to/from school/preschool/other |

IV. PROGRAM

19. ACTIVITIES:

- a) In the child's own home, I will continue regular family activities and schedule Yes No
- b) I will plan separate activities for this child. Yes No
- c) I will plan group activities for all the children in my care and accommodate the special needs of the individual child. Yes No

20. My program plans include: (please check ✓)

- | | | |
|---|--|---|
| <input type="checkbox"/> arts & crafts | <input type="checkbox"/> assistance with learning | <input type="checkbox"/> outdoor play |
| <input type="checkbox"/> books, reading and games | <input type="checkbox"/> supervise child's routine tasks | <input type="checkbox"/> field trips/community activities |
| <input type="checkbox"/> music and/or dance | <input type="checkbox"/> life skills (dressing, social) | |

V. ENVIRONMENT:

21. Are you planning on offering respite in your home? Yes No
 If yes, will you permit the family an opportunity to visit your home? Yes No

22. Please check (✓) where applicable to indicate what your home environment is like

| | | | | |
|-----|--------------------------|----|--------------------------|---|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | non-smoking |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | outdoor fenced play area |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | wading pool |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | indoor gym equipment |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | place for children to nap |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | near public transportation |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | facility is wheelchair accessible |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | washroom is wheelchair accessible |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | change table/surface is provided |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | playground equipment is wheelchair accessible |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | handicapped parking spaces provided |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | elevator access |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | transportation available (vehicle lift) |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | adaptive toys and equipment |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | a quiet safe place for a child |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | pets <input type="checkbox"/> bird <input type="checkbox"/> dog <input type="checkbox"/> cat <input type="checkbox"/> other (specify) |

23. SAFETY PRACTICES:

| | | | | |
|-----|--------------------------|----|--------------------------|--|
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Fire/Earthquake drills |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Special Emergency Plan (written procedure) |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Fire Extinguisher |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Smoke detector |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Carbon monoxide detector |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Medication procedure |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Practice Universal Health Practices |
| YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Child restraint seats in vehicle (current standards) |

VI. TRAINING/CERTIFICATION/EXPERIENCE

24. Please read the following list of Supported Child Development Needs. Indicate (please check ✓) your experience and/or training, working with children who require extra supports in these areas:

| Special Care Needs | Experience | Training | Special Care Needs | Experience | Training |
|-----------------------|------------|----------|----------------------------|------------|----------|
| BEHAVIOURAL | | | HEARING IMPAIRMENT | | |
| SOCIAL/EMOTIONAL | | | VISUAL IMPAIRMENT | | |
| DEVELOPMENTAL DELAYS | | | ASTHMA/ALLERGIES | | |
| LEARNING DISABILITIES | | | CHRONIC MEDICAL CONDITIONS | | |
| COMPLEX MEDICAL NEEDS | | | RISK FACTORS | | |
| MULTIPLE DISABILITIES | | | TERMINAL ILLNESS | | |
| PHYSICAL DISABILITIES | | | HIDDEN DISABILITIES | | |
| SEIZURES | | | OTHER (SPECIFY) | | |

25. I have direct experience working with children with the following diagnoses: (please check ✓)

- | | | |
|--|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Deaf | <input type="checkbox"/> Medically fragile |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Diagnosis |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Down syndrome | <input type="checkbox"/> Muscular Dystrophy |
| <input type="checkbox"/> Blindness | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Spina Bifida |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> FAS/FAE | <input type="checkbox"/> Terminal illness |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Tourette's syndrome |

Other: _____

26. List degrees, certificates, diplomas, other training or significant experience in the following fields:

a) Early Childhood Education (ECE Certificate, Family Child Care course)

b) _____
Education (B. Ed., Teacher's Assistant)

c) _____
Health Care (RN, LPN, Therapist)

d) _____
Special Needs (Supported Care Worker, parent of child needing extra support)

27. Briefly describe any volunteer or community work you have done that relates to offering respite:

28. Please indicate if you have:

Current Criminal Record Check (current, within last 6 months) Yes No

Verify Vulnerable Sector Search Yes No

First Aid certificate Yes No

Specify: _____ Expiry Date: _____

CPR _____ Expiry Date: _____ Yes No

Physicians Declaration of Good Health Yes No

Two (2), non family related, references Yes No

Personal Liability Insurance Yes No

(Minimum third-party liability of \$2 million)

Adequate BC insurance for transportation Yes No

Are you willing to share this information with the parent/guardian Yes No

29. Please state why you are interested in offering Respite Care.

30. Describe your strengths and areas on which you are working.

VII. FEE INFORMATION

31. How are you usually paid:

| | | | | |
|-----------------|-----|--------------------------|----|--------------------------|
| Agency/program | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| Parent/Guardian | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

32. Please indicate your fee:

| | |
|-------------------------|-------|
| Cost per hour | _____ |
| Cost per day | _____ |
| Cost for 24 hour care | _____ |
| Cost for long term care | _____ |

33. If these fees change when you provide care to the child with special needs *and* their siblings, please note the change in fees next to the fees you've noted above.34. Do you offer a discount for siblings? YES NO

35. Please note extra charges:

| | | | |
|-----------------------------|-------|-------------------------------------|-------|
| Transportation | _____ | Children's supplies | _____ |
| Meals | _____ | (diapers, wipes, disposable gloves) | |
| Special activities | _____ | | |
| (Movies, skating, swimming) | | | |

VIII. POLICY INFORMATION

Please provide brief statements about your personal philosophy for each area below and indicate your policy (where applicable) for working with a child who has a disability or requires extra support:

36. Sick child: _____

_____37. Discipline: _____

_____38. Absenteeism of Respite Care Provider (sick, emergency): _____

_____39. Respite Care provider vacations: _____

_____40. Policy about television use: _____

_____41. Is there anything about your care philosophy you would wish to share with the parents/guardians
Briefly describe:_____

42. Do you have any cultural and/or spiritual experiences that you would like to offer?

Signature: _____

Date: _____

*Thank you for taking the time to apply to The Cridge Respite Resource Service.
Please direct your application to:*

Mimi Davis, Coordinator
The Cridge Respite Resource Service
and The Cridge Respitiy Service
The Cridge Centre for the Family
1307 Hillside Avenue
Victoria, BC V8T 0A2

Tel: 250-995-6412

Fax: 250-220-8566

Email: mdavis@cridge.org

Visit us at:

www.cridge.org

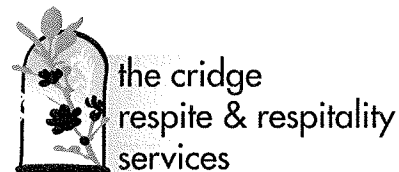
Date received: _____

Date entered: _____

Respite Care Provider #: _____

Record #: _____

An interview will be arranged for suitable candidates by the Coordinator.



The Cridge Respite Resource Service, The Cridge Centre For The Family
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