



YMCA Kinship Respite Client Packet Fiscal Year 2018-2019

What is a Kinship Family?

Kinship refers to relative caregivers. "Relative" means an adult who is related to the child by blood, adoption, or affinity within the fifth degree of kinship, including stepparents, stepsiblings, and all relatives whose status is preceded by the words "great", "great-great", or "grand," or the spouse of any of these persons, even if the marriage was terminated by death or dissolution. The relative caregiver acts as the primary caregiver of a child because the biological parent is unable to do so for a variety of reasons. Most commonly the relative caregiver is a grandparent raising their grandchildren.

What does Respite mean?

Respite is defined as "an interval of rest or relief." Aging & Independence Services (AIS) provides these kinship caregivers the chance to have their children enrolled in childcare, before and after school care and any type of camp available for children, which gives caregivers time for rest and relief.

Forms to FILL OUT AND RETURN:

- Client Contract: Respite Program*
- Respite Request Form (one for each child)*
- Client Information Packet (Must include copy of photo I.D.) **Must be 55 years or older***

Need More Information?

Contact the YMCA Kinship Respite Program at 619-281-8313 ext. 10742

Please fax, email or mail completed forms to:

***YMCA Youth & Family Services, ATTN: KINSHIP Respite Program, 2929 Meade Avenue
San Diego, CA 92116***

Fax: 619-543- 9491

Email: kinshiprespite@ymca.org or agallegos@ymca.org

Website: www.ymca.org/programs/family-and-social

After you have received respite services please complete the "Satisfaction Survey" and mail it back to the YMCA Kinship Respite Program. We need your feedback!

YMCA KINSHIP RESPITE TERMS AND CONDITIONS DISCLAIMER

- ***Kinship Caregiver must be 55 years old or older to be eligible for the Kinship Respite Program***
- ***Incomplete and/or illegible Respite application packets will NOT be approved or processed***
- ***Based on funding and available hours, each child is ELIGIBLE for UP TO 120 hours per fiscal year***
- ***It will take 1 month to review and process the request from the date of confirmation of receipt of complete packet***
- ***The Respite provider does not have to be a YMCA facility***
- ***Respite Program will only approve Traditional Day Camps at YMCA Branches***
- ***Due to high volumes of requests around the summer time, please submit your request at least 2-4 months in advance and have a second option of camp if your first is not available***

CONFIRMATION

Kinship Staff will leave 3 messages or phone call attempts. If the kinship staff doesn't receive a returned call from the caregiver, Respite request will be cancelled.

Approved Respite a Kinship staff will verbally reviewed "Summary of Approved Respite" form to verify the approved Respite. This document is sent via mail or email once verified with caregiver.

CANCELLATION PROCESS FOR CAMP

If the child does not show up for camp, the Kinship Respite Program is responsible for payment. Please be considerate and notify us of change/cancellation at least 24 hours in advance. Failure to do so will result in being dropped to the bottom of the list for future Respite requests and loss of hours

SIGN-IN SHEETS AS DOCUMENTATION

YMCA Kinship requires documentation that your child attended the Respite activity for the number of hours you have requested. Please be aware that these signed sign-in/out sheets are required as documentation of the child's attendance; if no sign-in/out sheets are provided, payment will not be provided

DESCRIPTION OF ELIGIBLE RESPITE SERVICES:

Day Camps:

- Camp must be advertised or categorized as a "camp" (e.g. Adventure Camp) and cannot consist of less than 6 hours a day.
- Cost: The Kinship Respite program can only approve Respite providers whose rates are compatible with YMCA Kinship Respite rate, which averages \$6.32 per hour.

Below are a few examples of eligible camps and/or providers:

- YMCA Camps: Check with your local YMCA branch (TRADITIONAL CAMPS ONLY)
- Boys & Girls Club
- School Camps
- Community Camps
- Church Camps

Kinship Respite does not pay for memberships, classes, or sports leagues (e.g. dance class, pee-wee soccer, tutoring, gymnastics, swimming).

Overnight Camp:

- Overnight camps must be provided by a childcare agency such as the YMCA, but can include school-organized camps (such as 6th grade camp) or other professional providers.

Childcare & AM/PM Care:

- Childcare providers must be licensed and show proof of licensure. Childcare is short term (3-4) weeks for full time, but longer for part time. Have a plan for long term childcare.
- Must consist of a minimum of two consecutive hours per day
- AM/PM Care (Before or After School Care): Includes agency, school or park/recreation
- AM/PM programs. Must consist of a minimum of two consecutive hours per day

For help finding a Childcare Provider in your area:

- *Free Childcare Referrals - (800) 481-2151*

Special Needs:

- Special needs children include those whose physical and/or behavioral mental functioning require a higher level of services than those provided by typical camps or programs. There are specialty camps for children with physical disabilities, autism, asthma, and other disabilities.
- Must consist of a minimum of two consecutive hours per day



YMCA OF SAN DIEGO COUNTY BRANCHES

North County	Central Region	East County	South Bay
<p>Magdalena Ecke Family YMCA 200 Saxony Rd. Encinitas, CA 92024 (760) 942-9622 ecke.ymca.org</p>	<p>Copley-Price Family YMCA 4300 El Cajon Blvd, San Diego, CA 92105 619.280.9622 copleyprice.ymca.org</p>	<p>Cameron Family YMCA 10123 Riverwalk Dr. Santee, CA 92071 (619) 464-1323 eastcounty.ymca.org</p>	<p>Border View Family YMCA 3601 Arey Dr San Diego, CA 92154 (619) 428-9622 borderview.ymca.org</p>
<p>Mottino Family YMCA 4701 Mesa Dr. Oceanside, CA 92056 (760) 758-0808 mottino.ymca.org</p>	<p>La Jolla YMCA Main Branch 8355 Cliffridge Ave. La Jolla, CA 92037 (858) 453-3483 lajolla.ymca.org</p>	<p>John A. Davis YMCA 8881 Dallas St. La Mesa, CA 91942 (619) 464-1323 eastcounty.ymca.org</p>	<p>South Bay Family YMCA 1201 Paseo Magda Chula Vista, CA 91910 (619) 421-8805 southbay.ymca.org</p>
<p>Palomar Family YMCA 1050 N. Broadway Escondido, CA 92026 (760) 745-7490 palomar.ymca.org</p>	<p>Mission Valley YMCA 5505 Friars Rd. San Diego, CA 92110 (619) 298-3576 missionvalley.ymca.org</p>	<p>McGrath Family YMCA 12006 Campo Rd Spring Valley, CA 91978 (619) 449-9622 eastcounty.ymca.org</p>	<p>Jackie Robinson YMCA 151 YMCA Way San Diego, CA 92102 (619) 264-0144 jackierobinson.ymca.org</p>
<p>Rancho YMCA 9410 Fairgrove Ln. San Diego, CA 92129 (858) 484-8788 rancho.ymca.org</p>	<p>Peninsula Family YMCA 4390 Valeta St. San Diego, CA 92107 (619) 226-8888 peninsula.ymca.org</p>		
	<p>Toby Wells YMCA (of Mission Valley Y) 5105 Overland Ave. San Diego, CA 92123 (858) 496-9622 missionvalley.ymca.org</p>		



YMCA KINSHIP Respite Program RIGHTS & GRIEVANCE POLICY

YMCA Youth & Family Services Staff Member's Rights

Each staff member employed by YMCA Youth & Family Services is entitled to the following rights and/or privileges:

- To be treated as a professional by participants, caregivers, family members, co-workers and volunteers.
- To be accorded a safe and healthy environment.
- To be accorded an environment free from the following: threats, harassment, humiliation, intimidation, ridicule or mental abuse.

In order to protect the rights of staff members employed by YMCA Youth & Family Services, infringement upon these rights may result in the suspension or disenrollment of a participant in YMCA services.

YFS Program Participant's Rights

Participants (and their Parent/Guardian if under 18) are entitled to the following rights and/or privileges:

- To be accorded dignity in his/her relationship with staff and or other persons.
- To be accorded a safe and healthy environment during program participation.
- To be accorded an environment free from the following: corporal punishment, humiliation, intimidation, ridicule, threats or mental abuse.
- To receive a clear description of the program they are participating in, including the rules or limitations of the program.
- To have services provided in a timely manner, according to program policy.
- To be provided with written contact information for the program supervisor in case of an emergency or a grievance.

YMCA KINSHIP Respite Program Grievance Policy

Any participant (and their Parent/Guardian if under 18) has the right to be informed of the appropriate procedure regarding grievances, questions or complaints. The procedure is as follows:

Step #1 Contact the YMCA KINSHIP, at 619-281-8313 ext. 10743 and state you would like to file a grievance. The Coordinator will document the conversation in writing and document the issue and the resolution of the conversation within 48-72 hours. If you are not satisfied with the outcome of the discussion then take step #2.

Step #2 If you are not satisfied with the response, contacts the Program Director: **Danielle Zuniga** Phone: **619-281-8313 x 10720** Email: **dzuniga@ymca.org**

The AED will confirm that the participant spoke with the Program Director first and your call will be returned within 24-48 business hours. The AED will document the conversation in writing and document the issue and the resolution of the conversation. If you are not satisfied with the outcome of the discussion then take step #3.

Step #3 If you are not satisfied with the response, contact the Executive Director of YMCA Youth & Family Services: **Kim Morgan**. Contact information for Executive Director can be obtained from Danielle Zuniga, 619-281-8313 x 10720.



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



YMCA RESPITE CLIENT INFORMATION PACKET

Primary Kinship Caregiver/Guardian Data (Please Print)

Date: _____

*First Name:	
Middle Initial:	
*Last Name:	
*Birthdate:	
Age:	
*What is your Gender? (check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/ Gender Non-Binary <input type="checkbox"/> Not Listed, please specify: <hr/> <input type="checkbox"/> Declined/ not stated
*What was your sex at birth? (Check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State
*How do you describe your sexual orientation or sexual identity (Check only one)	<input type="checkbox"/> Straight/ Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/ Lesbian/ Same-Gender Loving <input type="checkbox"/> Questioning/ Unsure <input type="checkbox"/> Not Listed, please specify: <hr/> <input type="checkbox"/> Declined/ not stated
Home Address	
Street:	
City:	
*Zip Code & State:	
*Home Phone #	
*Cell Phone #	
Email:	
*Rural	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State

*Lives Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
*Race?	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Declined to State Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Hawaiian/Other Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to state
*Ethnicity:	<input type="checkbox"/> Non Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
*Household Monthly Income:	
*Federal Poverty Level (FPL)	<input type="checkbox"/> At or Below FPL <input type="checkbox"/> Above FPL <input type="checkbox"/> Declined to State
*Relationship to Child(ren)	<input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Non-Relative <input type="checkbox"/> Declined to State
*Relationship Status	<input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State
*Employment	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Declined to State
How did you hear about the Program?	<input type="checkbox"/> None <input type="checkbox"/> Kinship Navigator/ Case Manager <input type="checkbox"/> Kinship Support Group

**Kinship Caregiver 2
(Spouse or other adult in the household)**

Name:	
Age:	
Phone #	
Relationship to Child(ren)	<input type="checkbox"/> Grandparent <input type="checkbox"/> Other Relative <input type="checkbox"/> Non-Relative <input type="checkbox"/> Declined to State

Race:	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Declined to State Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Hawaiian/Other Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander
Ethnicity	<input type="checkbox"/> Non Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
Federal Poverty Level (FPL)	<input type="checkbox"/> At or Below FPL <input type="checkbox"/> Above FPL <input type="checkbox"/> Declined to State

1. Child

*First Name:	
*Last Name:	
*Birthdate:	
Age:	
School- Grade	
*What is your Gender? (check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/ Gender Non-Binary <input type="checkbox"/> Not Listed, please specify: <hr/> <input type="checkbox"/> Declined/ not stated
*What was your sex at birth? (Check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State
*How do you describe your sexual orientation or sexual identity(Check only one)	<input type="checkbox"/> Straight/ Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/ Lesbian/ Same-Gender Loving <input type="checkbox"/> Questioning/ Unsure <input type="checkbox"/> Declined/ not stated <input type="checkbox"/> Not Listed, please specify: _____
*Rural	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State

*Lives Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State	
*Race?	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Declined to State Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Hawaiian/Other Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to state	
*Ethnicity:	<input type="checkbox"/> Non Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State	
*Federal Poverty Level (FPL)	<input type="checkbox"/> At or Below FPL <input type="checkbox"/> Above FPL <input type="checkbox"/> Declined to State	
*Relationship Status	<input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State	
Relationship to Caregiver?		
What type of Legal Rights do you have for this child?	<input type="checkbox"/> Legal Guandianship <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Foster Care <input type="checkbox"/> Informal (No formal legal rights)	
Does the Child have Special Needs such as Mental or physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Special Need:
How long have you been the primary caregiver of the child/ren?		Status of Biological Parents?

2. Child

*First Name:	
*Last Name:	
*Birthdate:	

Age:	
School-Grade:	
*What is your Gender? (check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/ Gender Non-Binary <input type="checkbox"/> Not Listed, please specify: <hr/> <input type="checkbox"/> Declined/ not stated
*What was your sex at birth? (Check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State
*How do you describe your sexual orientation or sexual identity(Check only one)	<input type="checkbox"/> Straight/ Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/ Lesbian/ Same-Gender Loving <input type="checkbox"/> Questioning/ Unsure <input type="checkbox"/> Declined/ not stated <input type="checkbox"/> Not Listed, please specify:_____
*Rural	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
*Lives Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
*Race?	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Declined to State Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Hawaiian/Other Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to state
*Ethnicity:	<input type="checkbox"/> Non Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
*Federal Poverty Level (FPL)	<input type="checkbox"/> At or Below FPL <input type="checkbox"/> Above FPL <input type="checkbox"/> Declined to State
*Relationship Status	<input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Separated

	<input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State	
Relationship to Caregiver?		
What type of Legal Rights do you have for this child?	<input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Foster Care <input type="checkbox"/> Informal (No formal legal rights)	
Does the Child have Special Needs such as Mental or physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Special Need:
How long have you been the primary caregiver of the child/ren?		Status of Biological Parents?

3. Child

*First Name:	
*Last Name:	
*Birthdate:	
Age:	
School-Grade:	
*What is your Gender? (check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/ Gender Non-Binary <input type="checkbox"/> Not Listed, please specify: _____ <input type="checkbox"/> Declined/ not stated
*What was your sex at birth? (Check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State
*How do you describe your sexual orientation or sexual identity(Check only one)	Straight/ Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay/ Lesbian/ Same-Gender Loving <input type="checkbox"/> Questioning/ Unsure <input type="checkbox"/> Declined/ not stated <input type="checkbox"/> Not Listed, please specify: _____

*Rural	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State	
*Lives Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State	
*Race?	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Declined to State Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Hawaiian/Other Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to state	
*Ethnicity:	<input type="checkbox"/> Non Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State	
*Federal Poverty Level (FPL)	<input type="checkbox"/> At or Below FPL <input type="checkbox"/> Above FPL <input type="checkbox"/> Declined to State	
*Relationship Status	<input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State	
Relationship to Caregiver?		
What type of Legal Rights do you have for this child?	<input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Foster Care <input type="checkbox"/> Informal (No formal legal rights)	
Does the Child have Special Needs such as Mental or physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Special Need:
How long have you been the primary caregiver of the child/ren?		Status of Biological Parents?

4. Child

*First Name:	
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*Last Name:	
*Birthdate:	
Age:	
School-Grade:	
*What is your Gender? (check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender Female to Male <input type="checkbox"/> Transgender Male to Female <input type="checkbox"/> Genderqueer/ Gender Non-Binary <input type="checkbox"/> Not Listed, please specify: <hr/> <input type="checkbox"/> Declined/ not stated
*What was your sex at birth? (Check only one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Declined to State
*How do you describe your sexual orientation or sexual identity (Check only one)	<input type="checkbox"/> Straight/ Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Declined/ not stated <input type="checkbox"/> Gay/ Lesbian/ Same-Gender Loving <input type="checkbox"/> Questioning/ Unsure <input type="checkbox"/> Not Listed, please specify:
*Rural	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Declined to State
*Lives Alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No * How many people in the home _____ <input type="checkbox"/> Declined to State
*Race?	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other Race <input type="checkbox"/> Multiple Race <input type="checkbox"/> Declined to State Asian: <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Hawaiian/Other Pacific Islander: <input type="checkbox"/> Guamanian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Declined to state
*Ethnicity:	<input type="checkbox"/> Non Hispanic/Latino <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Declined to State
*Federal Poverty Level (FPL)	<input type="checkbox"/> At or Below FPL <input type="checkbox"/> Above FPL <input type="checkbox"/> Declined to State

*Relationship Status	<input type="checkbox"/> Single (Never Married) <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Declined to State
Relationship to Caregiver?	
What type of Legal Rights do you have for this child?	<input type="checkbox"/> Legal Guandianship <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Foster Care <input type="checkbox"/> Informal (No formal legal rights)
Does the Child have Special Needs such as Mental or physical disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
How long have you been the primary caregiver of the child/ren?	Type of Special Need: Status of Biological Parents?



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**)

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Program <input type="checkbox"/> Child Care	<input type="checkbox"/> Special Needs	

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	CAMP	DATES
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