

Parent / Guardian Name: _____

Phone(s): _____

Mobile: _____

Address: _____

Postal Code: _____

E-Mail: _____

HRM District: _____

Funding Available: \$ _____ Rate: \$ _____ Program: _____

Specific Schedule Requirements:

Vehicle Required: No Yes - To Client's Home Yes - To Perform Respite

Percentage of In-Home Respite vs. Out-of-Home Respite: _____ / _____

Primary Responsibilities: Supervision Recreation Socialization

Programming Responsibilities: General House Rules Formal Documented Program

Other Responsibilities:

Medications Meal Preparation Cleaning Siblings

