

AUTISM SPECTRUM DISORDER RESPITE APPLICATION

2026- 2027

Respite is a flexible, periodic, short-term break from care giving for the purpose of rest and renewal for the family.

Autism Spectrum Disorder Respite: These funds are to assist in the cost of planned respite for children and youth up to the age of 18 who have been diagnosed with autism living in Grey/Bruce County. Applications are due on **January 31st each year**. Approval is for a one-year period (April 1st to March 31st). If the deadline is missed, we will continue to accept applications for the waitlist. Funding from the waitlist will be considered on a case-by-case basis, and only if additional funds become available.

Applications are reviewed and prioritized anonymously by Keystone Child and Youth Family Services. Not all applications are guaranteed to receive funding. Funding decisions are made by Keystone Child and Youth Family Services based on Ministry guidelines, needs and support identified in this application and on the funds allocated for Bruce-Grey.

If your respite application is reviewed and prioritized to receive respite funding, then a respite package will be emailed to you. This package will include a funding agreement to be signed and a respite spending plan to be completed and returned identifying your quarterly spending.



Consent Form

Child / Youth's Name	
Date of Birth	
Print Your Full Name <i>(if different from above)</i>	

Check which identifier applies to you:

☐ I am the legal guardian or substitute decision maker of the above-named Child / Youth

☐ I am the client

☐ I consent to the collection, use, and sharing of personal health information of the above-named child/youth

WITH

	Keystone Child Youth & Family Services		





Child, Youth & Family Services

1793 3rd Avenue West
Owen Sound, ON N4K 6Y2

keystonebrucegrey.org

Please list any individual(s)/Agency(ies) you **do not** want us to share information with

Name / Agency	Relationship to Child / Youth	Limitations to information sharing

☐ I consent to the use of email to communicate and share relevant information regarding my/our involvement with Keystone Child, Youth & Family Services. I understand the risks involved in electronic communication and acknowledge that security cannot be fully guaranteed.

You can withdraw consent at anytime by notifying Keystone Child Youth & Family Services verbally or in writing. Withdrawal will not affect any information shared prior to the withdrawal date.

Limits to Confidentiality

I understand that there are 3 circumstances that would require reporting of information without my consent:

1. If a service provider was told that someone is planning or has seriously harmed themselves or someone else
2. If a service provider believes that a child under the age of 16 is at risk of harm
3. If there is a court order to disclose information.

Signature

Witness

Date: _____



How to Submit an Application

- Complete the External Referral Form on our website at
<https://www.keystonebrucegrey.org/> *Use the 3rd Party referral to attach this form
- Attach the completed application and the consent form.

Questions can be emailed to Carissa Horton: asdrespite@keystonebrucegrey.com

Parent Email: _____

*Email communication is required for all documents and approvals. Any issues please reach out to Keystone as soon as possible

Child's Diagnosis:

Supporting documentation related to the child's ASD diagnosis from a physician/ psychologist is:

Will be sent separately via email

Previously sent



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Family Structure:

Please check the column which best describes the impact of stress on the caregiver and/or family structure.

List everyone who lives in the family home by the relationship to the child. Ex Mom, Dad, Brother, Sister, Grandparent etc.	Please detail any relevant information (Ex. Family member with a disability/ issue requiring support, caregiving for aging relative in home, parent works away from home during week, mental health/health issues, etc.	Stress is Managed or Not Applicable	Some Stress	Constant Stress

Does your child live full time in the home? ☐ Yes ☐ No

If no, please describe the current living arrangements for your child:





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Medical

☐ No Concerns

If applicable, please list your child's care requirements below and check the column that best describes the situation. Some examples could include surgery, emergency room visits, uncontrolled seizures, migraines, ostomy care, catheter care, tube feeding, etc.

Child's Medical Diagnosis	Present care requirements of medical condition	Managed	Some Support	Constant Support

Please check the box that best describes the impact of stress on the caregiver and/ or family related to medical needs:

Managed

Some Stress

Constant Stress

Mental Health

☐ No Concerns

If applicable, please list your child's mental health concerns (or diagnosis being explored) below and check the column that best describes the situation. (Ex. ADHD, Depression, Anxiety, etc.)

<u>Mental Health concern</u>	Managed	Some Support	Constant Support

Please check the box that best describes the impact of stress on the caregiver and/ or family related to mental health needs:

Managed

Some Stress

Constant Stress





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Personal and Physical Care:

No Concerns

For the following categories, please check the column that describes the support your child requires:

<u>Physical and Personal Care.</u>		Support is Managed or Not Applicable	Some Support	Constant Support
Please describe and keep in mind the age of the child and what would be considered age-appropriate support				
Vision				
Hearing				
Communication				
Sleep				
Eating Skills				
Toileting				
Bathing or Hygiene				
Dressing				
Mobility				
Lift or Transfers				
Other				

Please check the box that best describes the impact of stress on the caregiver and/ or family related to personal and physical needs:

Managed

Some Support

Constant Support





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Behaviour: No Concerns

For the following categories, please check the column that describes the support your child requires:

<u>Significant behaviour concerns</u>		Stress is Managed or Not Applicable	Some Stress	Constant Stress
Please describe and keep in mind the age of the child and what would be considered age-appropriate support				
Flight Risk				
Socially Withdrawn				
Self-injurious				
Physical harm to others				
Fire starting				
Inappropriate boundaries or Sexualized behaviours				
Destruction of property				
1:1 Supervision required in home or community				
Social skills				
Verbal aggression				
Other				

Please check the box that best describes the impact of stress on the caregiver and/ or family related to behaviour needs:

Managed

Some Stress

Constant Stress





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Family and Community Factors:

Does your child attend daycare or school full time: Yes No

If no, please explain _____

Is your child provided with 1-1 support at daycare or school: Yes No

If yes, how many hours per day _____

<u>Family and Community Factors</u>	Stress is Managed or Not Applicable	Some Stress	Constant Stress
A family member is required to stay home and cannot work to manage care of the child			
Risk of family breakdown			
Risk of an emergency residential placement and/or hospitalization for this child			
Only 1 parent is available to provide care			
You need to attend regular appointments with your child which is impacting your ability to work outside the home			
Other family members are unable to participate in community events/activities			
Your child is unable to participate in community events/ activities			
Your family is experiencing financial distress			
Your child or family recently experienced a traumatic event that continues to impact the family (Ex. death, car accident, experienced/ witnessed abuse etc.)			
A member of the household is involved with police/ probation or parole.			
Parent/ Guardian is experiencing sleep deprivation due to nightly attention/ supervision of child			



<u>Family and Community Factors (Continued)</u>	Stress is Managed or Not Applicable	Some Stress	Constant Stress
Difficulty accessing a ride or transportation			
Extensive travel to necessary supports/ appointments			
No unpaid support (ex. Family or Friends)			
Community Services are not meeting current needs (Ex. Insufficient funding, on wait list etc.)			
School attendance problems			
School/ Daycare placement at risk			

Please check the box that best describes the impact of stress on the caregiver and/ or family related to behaviour needs:

Managed

Some Stress

Constant Stress

Additional Comments if needed:



ASD Program - Respite Planning Form (Pre-Funding Step)

Purpose: We gather this information before funding decisions are made so we can understand what your family is planning for the upcoming respite period. This helps us allocate funding fairly based on needs and available resources once applications are scored. Completing this form does not confirm or change your funding amount. Funding decisions will be shared after all forms are reviewed.

Child Name: _____

Date of Birth: _____

What type of support are you planning for?

(Select all that apply — this helps us understand your intended use, not your funding outcome.)

☐ 1:1 Respite Support Worker- **Must have insurance and vulnerable sector police check.**

☐ Camps or Community Support Programs- **Activities that provide an opportunity for the child to promote the continuity of skills or develop new skills and relationships**

☐ Both 1:1 Support Worker and Camps

Estimated Support Needs: Approximate how many hours or weeks of support you believe you will need.

(This is an estimate only for need — we understand plans may change and funding amounts could affect.)

Respite Provider: _____

Estimated hours/weeks of 1:1 support: _____

Estimated weeks of camp: _____

Acknowledgment (Please check to confirm)

☐ I understand that submitting this form does not confirm or guarantee my final funding amount.

Signature: _____

Date: _____

Please submit completed form to Carissa Horton: asdrespite@keystonebrucegrey.com

