



RESPIRE APPLICATION FORM

Thank you for your interest in The Darling Home for Kids. Our Home provides respite services to families of children aged 0 to 18 with medical complexities who require daily nursing care.

To access our respite program, children must require ongoing nursing interventions and monitoring on a frequent basis for survival. Medical care requirements include but are not limited to tracheostomy care, administration of gastrostomy or jejunostomy tube feeds, ostomy care, mechanical ventilation and complex seizure management.

Given the fragility of the population we serve, children cannot demonstrate aggressive or self-injurious behaviours which pose a risk to themselves and/or other children in care, or that which requires significant behavioural support. Please check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Primary diagnosis of ASD | <input type="checkbox"/> Aggressive Behaviours |
| <input type="checkbox"/> Self-injurious Behaviours | <input type="checkbox"/> Destructive Behaviours |

If you checked any of the above, your child may not be suitable for our respite programming. Our team will review your application and may request further information from you.

Name of Child: _____

Date of Birth: _____ / _____ / _____
MMM / DD / YYYY

Nickname: _____

Health Card Number: _____

Name(s) of Parent(s)/Guardian(s):

Name(s) of Sibling(s) - include gender(s) and age(s):

Wardship status: N/A Society Crown

Address of Parent(s)/Guardian(s):

Street _____

City/Town _____ Postal Code _____

Home phone _____ Alternate phone _____

Email address _____

Preferred means of contact: Home phone Alternate phone Email

Address of Child: (Check if same as address of family)

Street _____

City/Town _____ Postal Code _____

Home phone _____ Alternate phone _____

Email address _____

Residing in the region of: Halton Dufferin Wellington
 Peel Waterloo

Child's Underlying Medical Diagnosis/Diagnoses (if known):

Summary of Child's Medical Fragility and Technological Requirement(s):

- Seizure disorder
 - daily 2-4/day
 - 5-10/day >10/day
 - Moderate to severe dystonia
 - Hypotonia or hypertonia
 - Immunocompromised
 - Other technological requirement(s):
- Tracheostomy/artificial airway
 - Oxygen administration
 - Ventilator dependent
 - Suctioning
 - daily every 4-8 hrs
 - every 2-3 hrs hourly or more
- Moderate to severe hearing impairment
 - Moderate to severe visual impairment
 - G-tube, GJ-tube, or J-tube
 - Colostomy, caecostomy or malone
 - Urostomy, vesicostomy, mitrofanoff
 - TPN

Outline of Child's Daily Care Requirement(s):

- Medication administration
 - Route
 - Oral via feeding tube
 - Nebulizer Injections
 - Frequency
 - 1 - 3x /day 4 - 6x /day
 - > 6x /day
 - Other daily requirement(s):
- Enteral feeding
 - Overnight feeds
 - Special formulation
 - Continuous feeds
 - Airway management
 - Chest physio/suctioning
 - Seizure management
- Continuous pulse oximetry
 - Daily vitals
 - Catheterization
 - as needed only
 - 2 - 4x/day
 - indwelling

Recent Illnesses (immediate 6 months, including hospitalizations):

Relevant Family Social History:

Has your child participated in out-of-home respite before?
What type of out-of-home respite has your child attended?

- Yes No
- Day camps/programs
- Overnight stays

Where else has your child attended out-of-home respite?

Interested in the following type of respite at The Darling Home for Kids (choose all that apply):

- Overnight weekend Overnight weeklong Day program

Attending School: Yes No

Name of School: _____

School District: _____

Does your child receive nursing support at school? Yes No

Is your child currently classified as Medically Fragile and/or Technology Dependent (MFTD) as determined by the LHIN?

- Yes No

LHIN Case Manager name: _____

LHIN Case Manager phone number: _____ ext _____

I give permission for The Darling Home for Kids to contact my LHIN case manager for more information.

- Yes No

How did you hear about The Darling Home for Kids?

Any other pertinent information relevant to your application:

Name of person completing application: _____

Relationship to child: _____

Date of completion: _____

Signature: _____

To apply, please submit the following items either by mail, fax, or email with subject title "Respite Application":

- 1) This completed Respite Application Form
- 2) A copy of your Enhanced Respite Funding confirmation letter from the Ministry of Children and Youth Services for the current fiscal year
- 3) A copy of your child's medical history, which may be from a recent hospital discharge summary, physician's office, or any other medical history document