

Dear Parents and Providers,

The Respite Program at Friendship House began on May 24, 2006. The program is designed to provide a safe and pleasant social and recreational experience for your child, while you enjoy a few hours to attend to other matters. The program will be staffed by well trained, competent and compassionate professionals.

In order for this to be a positive and successful experience for all; we will get to know your child through an application and interview process. Each child will be assessed by the Clinical Director or Assistant Clinical Director. Space will be limited to ensure quality of services.

The Respite Program is not limited to children who are served by Friendship House.

Please contact Nicole Burgess or Stacy McHale at (570) 342-8305 ext. 1412 to set up an interview or if you need any further information. Information is also available on the web at www.FriendshipHousePA.org.

Sincerely,

Chris Remick, M.A., BCBA
Behavior Analyst, Licensed
Psychologist, Clinical Director of
Autism Services

Respite Care Services Application

Please complete the following information:

1. Child's Name: _____

2. D.O.B.: _____

3. Parents/Guardian's Names:

4. Address: _____

5. Phone Number: _____

6. Emergency Contacts: (List 2 available during respite times)

Name/Phone #: _____

Name/Phone #: _____

7. Child's School and Grade: _____

8. Current Diagnosis: _____

9. Medical Conditions & Allergies:

Dietary preferences or restrictions:

10. Elopement Risk? YES NO

11. My Child has a special interest in the following activities:

12. My child has some behavior difficulties as follows:

13. My child has an active behavior plan? YES NO

14. My child is comforted by the following things:

15. Is your child currently receiving services? YES NO If yes, through following which agency?

I/We are interested in respite care: (Check below)

____ Saturday from noon-4:00pm

Parent/Child interviews will be scheduled on an individual basis and will take about 1 hour.

I/We understand that this service has limited availability and that a fee of \$20.00 will be charged each session. (Subject to change)

Parent/guardian signature

Date