



RESPIRE CARE PROGRAM

APPLICATION OF INTEREST

Dear Parent/Caregiver,

Thank you for your interest in applying for respite services for your child/ren through United Parents. We understand the importance of balancing caregiving responsibilities with self-care, and we are honored that you have considered us to be part of your support system.

Here are a few important things to know:

- To qualify for our services, your child/ren must be under the age of 18 and receiving services from Ventura County Behavioral Health (VCBH). The child/ren must continue to receive services from VCBH in order to maintain eligibility for Respite Care services.
- Please complete one application of interest for each child you are requesting to enroll in the program.
- Families are limited to using a maximum of 10 hours of service a month. Hours DO NOT accumulate monthly. Please note that lack of use (50% or less) within a 6 month period, will result in discharge from the program.
- Services will be provided either in the family's home or in the community.
- Respite Care services can only be provided for the child named in the application. (Siblings, friends and/or other family members are excluded).
- Hours will be coordinated between the parent/caregiver and the respite care provider. Appointments are based on the availability of the respite care provider. Last minute or short notice appointments are discouraged.
- Families actively receiving respite care services are expected to submit "satisfaction" surveys periodically, as well as participate in a "recertification" appointment annually to ensure information remains updated and accurate.
- Families are responsible for providing compensation for both the child/ren AND the provider for any activities that have costs associated during the visit (providers are only compensated for time and mileage). Families experiencing hardships are encouraged to notify their provider.
- At the end of each visit, when the provider drops off the child(ren), an adult over the age of 18, who is listed on the intake document, must be present to receive the child(ren). The provider will present the timesheet to the adult for a signature. Please ensure that the date, time, and activity listed on the timesheet are accurate before signing.
- Please submit your completed application of interest via email, mail, or hand delivery to the Programs Manager using the contact information provided below. Once we receive your application, we will reach out to schedule an intake appointment.
- United Parents does not encourage Respite Care staff to provide services privately. If you choose to hire any of United Parents' Respite Care Providers privately, UNITED PARENTS WILL NOT BE HELD LIABLE.

Please be advised that due to high need and limited funding, you may be temporarily placed on a waitlist. We will do our best to accommodate you with a Respite Provider as soon as possible. Despite this, your family will be invited to participate in our respite fun events (siblings welcome). Notifications regarding our respite fun events will be sent via email so please be sure to include an email address that you access regularly as registration fills very quickly and space is limited.

We understand that the decision to seek respite services is an important one, and want to assure you that we will work closely with you throughout the application process. Upon receipt of your application, we will send a confirmation along with the intake paperwork. Please be sure to check your junk/spam folder in the event that you fail to receive a notification regarding your application. Failure to follow up with the intake paperwork within 30 days assumes you are no longer interested in the service and results in a notification discharge so that we may move on to the next family on the waitlist.

Should you need any assistance filling out the paperwork or happen to have any questions about the program or United Parents' other services, please don't hesitate to reach out to me as I am happy to help. I've included my contact information for your convenience. Thank you again for entrusting us with your respite care needs. We look forward to playing a positive role in your lives. Take care because we care.

Warm regards,

Michelle Harmon

Michelle Harmon

Respite Program Manager

Cell: (805)765-1636

E-mail: mharmon@unitedparents.org

Date:

APPLICATION OF INTEREST

Parent/ Guardian Information

Full Name:

Address:

City:

State:

Zip Code:

Home Phone:

Work:

Cell:

Marital Status: Single ☒ Married Divorced

Primary Language:

Full Name:

Address: Same as above

City:

State:

Zip Code:

Home Phone:

Work:

Cell:

Marital Status: Single Married Divorced

Primary Language:

Primary E-Mail Address:

Referred By:

Child's Information

Full Name:

Date of Birth:

Age:

Primary Language:

Ethnicity: ☐ Hispanic ☐ Caucasian ☐ African American American Indian
Asian ☐ Other, ☐ please specify:

Is your child: Biological Adopted Foster Child Relative
Other, please specify:

Mental Health - Ventura County Behavioral Health Information

Current Diagnosis:

Is your child receiving services at Ventura County Behavioral Health?: Yes No

Name of Therapist:

Phone Number:

Name of Psychiatrist:

Phone Number:

List therapeutic goals that are being worked on:

OFFICE USE ONLY

Date Rec'd: _____ Date Entered: _____ Intake Date: _____ PSS/PP: _____