



# 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 to [respitereferrals@unitedparents.org](mailto:respitereferrals@unitedparents.org)

Once we receive your application, we will reach out to schedule an intake appointment.



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- 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.

You may be placed on a waitlist and we will do our best to accommodate you with a Respite Provider as soon as possible. All families on the waitlist will be able to participate during our respite fun events. Notifications regarding our respite fun events will be sent via email (be sure to include an email you access regularly as the event slots fill quickly and are based on a first come first served basis).

We understand that the decision to seek respite services is an important one, and we want to assure you that we will work closely with you throughout the application process.

Should you need any assistance or have any questions, please don't hesitate to reach out.

Warm regards,

Hannah Abitia  
Programs Manager

United Parents  
Oxnard Parents Drop-In Center  
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Oxnard, CA 93030

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[www.unitedparents.org](http://www.unitedparents.org)



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Date: \_\_\_\_\_

### Parent/ Guardian Information

Full Name:

Address:

City:

State:

Zip Code:

Home Phone:

Work:

Cell:

Marital Status: ☐ Single ☐ Married ☐ Divorced

Primary Language:

Full Name:

Address:

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: \_\_\_\_\_