

South West Community Support Services  
Support and Developmental Council

*Supporting People in Home and Community*

---

**APPLICATION for CSS Flexible Short-Term RESPITE Funds**

Is this a joint application?  Yes  No

If yes, please note that all agencies need to sign off on this application.

If yes, the requesting agency must be the agency that the payment will be directed to.

Please complete the following information so we know where and to whom to send the cheque and the name of the organization that the cheque is payable to.

Name of Requesting Agency:	
Name of Person Submitting Request:	
Email Address of Person Submitting Request:	
Contact Mailing Address:	
Contact Phone #:	
County of Residence of Client:	

**Brief Client Profile:**

**Has an application been made on behalf of this individual before?**

No, this is a new request

Yes, this is an extension of a previous request

**Reason for the request for flexible short-term RESPITE funds**

- Short-term support for the caregiver is needed because usually accessed programs (e.g. Adult Day Programs) are unavailable or less available than pre-COVID (e.g. pre-COVID attended and ADP multiple days per week and now attending one day every other week);
- Short-term support for the caregiver that can prevent family or support breakdown, including premature/inappropriate institutionalization (e.g., Emergency Room visits)

**Notes:**

**What services and supports are currently in place? (please list the specific CSS services):**

**Is the client currently connected with SW LHIN Home & Community Care (e.g. has a case manager, home care services, social worker)?**

- YES
- NO

**Has a collaborative discussion occurred with the care coordinator and other providers / available resources to develop a plan?**

- YES
- NO

**If yes, please list the providers that were involved:**

**Was approval received from the local CSS Network to move forward with this application?**

- YES
- NO

**If no, please explain why:**

South West Community Support Services  
Support and Developmental Council

*Supporting People in Home and Community*

---

**What local and available resources have been investigated and exhausted?**

**If none, please explain:**

**PLEASE NOTE: the maximum allowable funding available is up to \$3000 per year with the potential to reapply dependent on resources available and community need.**

**Amount and details of funding being requested. (please be specific – i.e. # of hours of service, length of time service requested, total amount of funding requested):**

South West Community Support Services  
Support and Developmental Council

*Supporting People in Home and Community*

---

**Please identify the organization that will be providing the staffing and contact person and information:**

\_\_\_\_\_  
**Signature of Applicant Submitting Request**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Applicant's Supervisor**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Joint Applicant (*if applicable*)**

\_\_\_\_\_  
**Date**

South West Community Support Services  
Support and Developmental Council

*Supporting People in Home and Community*

---

<b>OFFICE USE ONLY – TO BE COMPLETED BY CSS COUNCIL MEMBER</b>	
<b>Name(s) of CSS Council Members Contacted:</b>	
<b>Declaration of Conflict of Interest of any CSS Council Members:</b>	
<b>REVIEW DATE:</b>	
<b>TOTAL FUNDING APPROVED:</b>	
<b>SIGNATURE OF CSS COUNCIL CO-CHAIR</b>	