



Respite Inquiry – Intake Form

Applicant's Name:	Partner/Spouse's Name:
Phone:	Phone:
Email:	Email:
Occupation:	Occupation:
DOB:	DOB:
Home Address:	
Mailing Address incl. postal code, if different from home address:	
Date of Marriage or Common Law:	
Children: Names and Ages:	
1.	Age:
2.	Age:
3.	Age:
4.	Age:
5.	Age:
Adult Children (over 18 years old) or other adults in your home:	
Name:	Age:
Name:	Age:
Respite for what age and gender of child(ren):	
<input type="checkbox"/> under 2 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 6 – 10 years <input type="checkbox"/> 11 – 13 years <input type="checkbox"/> 14 – 17 years <input type="checkbox"/> male gender <input type="checkbox"/> female gender <input type="checkbox"/> either gender, no preference	
Availability:	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> days only <input type="checkbox"/> evenings only <input type="checkbox"/> weekends only	
Previous Respite Experience:	
Additional Information (please use back of the page as needed):	
Date of Inquiry:	
* for internal office use only – will be completed by CFSCM *	
Intake taken by:	<input type="checkbox"/> E-mail Application <input type="checkbox"/> Mail Application
Area of Service: <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH	