



## Family Application Form

*\*Please Print Clearly – If you need help filling out this form please call MADA at 909-350-4895 and a Family Support Partner will be provided to help you*

Respite is provided the first Friday of Every month from 3:00-7:00pm.

Today's Date \_\_\_\_\_ Date you would like to begin respite \_\_\_\_\_

Mother/Care Giver's Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father/Care Giver's Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Other Child in Home: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Other Child in Home: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Other Child in Home: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Other Child in Home: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

*Note: The following information is collected strictly for MADA's Kids statistical purposes. This information helps MADA's Kids address questions grantees may have regarding diversity, socio-economic status, etc. Your information will be kept confidential. Thank you for your willingness and honesty.*

### 1. Family Ethnicity:

- Caucasian
- Hispanic
- Native American
- Asian/Pacific Islander
- African American
- Other: \_\_\_\_\_

### 2. Are you a:

- Birth Parent
- Foster Parent
- Relative Care Giver
- Adoptive Parent
- Birth Parent
- Other: \_\_\_\_\_



a. If you are a foster parent, who holds your license:  N/A

FFA       San Bernardino County       Riverside County       Los Angeles County

b. If you are a birth parent please list name and phone number for your social worker:  N/A

Name of Social Worker \_\_\_\_\_ Phone Number \_\_\_\_\_

3. One or Two-Parent Household: \_\_\_\_\_

4. Total # of children in family (including foster/kinship child(ren): \_\_\_\_\_

a. # of children with special needs in household: \_\_\_\_\_

5. Family's Income Level (circle one):

0 - \$10,000   \$10,000    \$14,000 \$14,001    \$20,000 \$20,001    \$25,000 \$25,001

\$30,000 \$30,001    \$35,000 \$35,001    \$40,000 \$40,001    \$45,000 \$45,001

\$50,000 \$50,001    \$60,000 \$60,001    \$70,000 Over \$70,001

6. Do you currently receive services from the Children and Family Services?  Yes  No

7. Please explain how you think respite might strengthen your family?

8. Please indicate, between 1 and 10, the average stress level on your family as a whole. \_\_\_\_\_

9. Please explain what resources are currently available to you and your family. Do you have family/friends/neighbors/church groups who provide aid or assistance to your family? Who do you trust to care for your child?

10. How would you're family use your respite nights?



## Consent and Conditions of Admission

Welcome to MADA's Kids Respite! We are a non-profit organization working to provide relief for parent/caregivers of children with special needs. In order to insure that your child is provided the very highest level of respite care, we ask for your cooperation in the following areas:

1. Our policy currently states that if your child is a "no show" 2 times, he/she will be removed from our program. Of course, we understand that families who have children with special needs often have extenuating circumstances that frequently require a change of plans. We ask, that if you cannot attend MADA's Kids on your scheduled night of respite, that you notify us as soon as possible. This gives us a chance to offer respite to other families who could desperately use the service. You will not be considered a "no show" if you have given us sufficient notice (preferably at least 2 hours prior to respite begin). Please be aware that you are committing to bringing your child(ren) once a month (1<sup>st</sup> Friday of each month from 3:00-7:00pm) and any variations from this schedule must be pre-approved by the program coordinator. No respite reminder calls will be made.
2. If you are late picking up your child(ren) from the MADA's Kids Respite Program (hours: 3:30-7:30pm) your child(ren) may be removed from our programs eligibility list. **Also a \$1.00 per minute fee will be charged for each minute after 7:00 p.m. If your child is not picked up by 7:30 p.m., and you have not contacted the MADA (1-800-235-3091), you may have to pick your child up at the police station.**
3. To ensure the success and safety of providing childcare for children with special needs, we have a three-month trial period for all new families.
4. Please bring a bag/backpack with the essential items listed below. Please remember to label the backpack/bag and all supplies inside clearly so the staff and coordinator can easily identify your child's items. MADA's Kids Respite is not responsible for personal property that is not clearly labeled with the respite recipient's name. Please bring a change of clothes, diapers, and wipes in a labeled bag
5. No child with a communicable disease having a temperature of 100 degrees or above will be allowed to stay.
6. You must be willing to sign your child in and out, leave updated contact information and fill out needed paperwork (this includes surveys) when requested.

*These policies will be strictly enforced so that we may help as many families as possible.* Consent is hereby given to MADA's Kids, its contractors, employees and trained volunteers to provide respite care to the Respite Recipient. It is understood that now and in the future, the Respite Recipient and his/her legally authorized representatives have the right to ask questions and receive answers to such questions about the services being provided. I understand that MADA's Kids is not responsible for personal property that is not clearly labeled with the Respite Recipient's name. I understand and agree that I shall hold MADA's Kids Respite harmless, and indemnify them against any and all causes of action, and shall agree not to hold MADA's Kids Respite liable for any acts or omissions, or for any injuries or damages sustained, and shall agree to accept any and all risks associated with any activity herein.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



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# Respite Care

MADA's  
KIDS

## Emergency Medical Plan and Release of Liability

Child's Name \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

### In case of emergency and the Parents/Guardians cannot be contacted, please contact:

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Name of insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

Name of person insured \_\_\_\_\_

In case of emergency, contact Doctor \_\_\_\_\_

Phone \_\_\_\_\_ Doctor's address \_\_\_\_\_

If my child requires emergency relocation or evaluation due to serious illness, injury, or natural disaster, I prefer s/he be taken to (hospital name): \_\_\_\_\_

MADA's Kids Respite is in full charge of my child(ren) during my absence. I give them permission to request or approve emergency medical attention needed by my child(ren). Making A Difference Association and its volunteers/Staff will not be held responsible or liable in any way for any accident or illness. I maintain responsibility for all medical expenses for my child(ren).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness



## Parent/Caregiver Rights

1. Parents/Caregivers have the rights to access the child's records and can expect those records to be kept confidential. **Process:** To access the records the individual, their guardian or agent(s) authorized by them in writing may make a request to the Director. Employees may access the records on a need know basis with Director/Coordinator. Records are otherwise confidential.
2. Parents/Caregivers have the right at any time to visit the child while in respite care.
3. Parents/Caregivers have the rights to expect that their child's needs are being met such as bathroom, nutrition and cleanliness.
4. Parents/Caregivers have the right to expect timely notification of significant incidents involving their child including serious illness, accident, etc.
5. Parents/Caregivers have the right to expect their child to be cared for in a group environment and bathroom breaks will be overseen by a designated staff member.

## Individual Rights

1. Individuals are entitled to be treated with respect and dignity.
2. Individuals have a right to be free from physical, verbal, sexual, or psychological abuse.
3. They also have a right to be free from neglect, exploitation, and mistreatment.
4. Individuals have a right to be free from physical restraints. Restraints may be used only when necessary to prevent self injury or injury to others.
5. Restraint shall not be used as punishment or for the convenience of staff or in a manner that causes undue physical discomfort, harm or pain to the individual.
6. Individuals have the right to a safe and sanitary environment. **Process:** MADA's Kids shall provide a healthy, safe and sanitary environment, which complies with federal, state and local laws and regulations.
7. Individuals may expect the following considerations in addition to the rights listed above:
  - a. To be treated with consideration, respect and full recognition of individuality.
  - b. Have sufficiently trained staff on duty to respond to minor injuries, symptoms of illness and emergencies.

## Folder for Volunteers/Staff



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# Respite

MADA's  
KIDS

## Permission to Share Helpful Information about My Child

This page contains information about my child that will only be reviewed by the Executive Director and MADA's Kids Respite Coordinator, so they can safely and appropriately prepare the staff and volunteers to meet the needs of my child.

*An individual form will need to be filled out for each child that will need respite care.*

### CHILD INFORMATION

Child's name: \_\_\_\_\_ Age \_\_\_\_\_

Length of time in your care (if not your birth child): \_\_\_\_\_

History (check all that apply to child):

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> sexual abuse | <input type="checkbox"/> physical abuse | <input type="checkbox"/> emotional abuse              |
| <input type="checkbox"/> neglect      | <input type="checkbox"/> abandonment    | <input type="checkbox"/> failure to thrive            |
| <input type="checkbox"/> drug exposed | <input type="checkbox"/> drug addicted  | <input type="checkbox"/> parent alcohol/drug addicted |

Comments: \_\_\_\_\_

Diagnoses and disabilities \_\_\_\_\_

Indicate any behaviors or conditions below that the respite provider should know about:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> abusive to animals | <input type="checkbox"/> abusive to self   | <input type="checkbox"/> alcohol use            |
| <input type="checkbox"/> aggressive         | <input type="checkbox"/> smokes            | <input type="checkbox"/> depressed              |
| <input type="checkbox"/> defiant            | <input type="checkbox"/> easily frustrated | <input type="checkbox"/> dislikes being touched |
| <input type="checkbox"/> excessive shyness  | <input type="checkbox"/> forgetful         | <input type="checkbox"/> verbal abuse of others |
| <input type="checkbox"/> lies               | <input type="checkbox"/> talks excessively | <input type="checkbox"/> inappropriate noises   |
| <input type="checkbox"/> manipulative       | <input type="checkbox"/> mood swings       | <input type="checkbox"/> nervous ticks          |
| <input type="checkbox"/> runs away          | <input type="checkbox"/> uncooperative     | <input type="checkbox"/> temper tantrums        |

### MEDICAL

Any allergies? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Special diets or foods \_\_\_\_\_

**Please check all health concerns that apply:**



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# Respite Care

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- asthma
- attachment
- convulsive disorder
- diabetes
- HIV/AIDS
- ADHD
- premature birth
- speech disorder
- autism
- cancer
- cystic fibrosis
- epilepsy
- STDs
- orthopedic
- fetal alcohol
- other \_\_\_\_\_
- blind/visual loss
- cerebral palsy
- deaf/hearing loss
- failure to thrive
- muscular disorder
- Down syndrome
- drug exposed

**Check the most appropriate statement about safety issues (if any):**

- Child does not realize what is dangerous, and needs close supervision.
- Child is generally cautious.

### MENTAL HEALTH

Is this child in therapy? \_\_\_\_\_

What was the primary diagnosis? \_\_\_\_\_

Are there any goals for therapy that the respite provider should know? \_\_\_\_\_

Has child been recently hospitalized for behaviors or other mental health related issues?

Explain \_\_\_\_\_

Are there things that will trigger certain behaviors with this child? Explain \_\_\_\_\_

How does this child like to be comforted? \_\_\_\_\_

Has this child needed to be restrained? Explain \_\_\_\_\_

I understand that I give up my interest in privacy regarding this information in order to inform the volunteers, staff and board of directors of MADA's Kids Respite about my child. The staff and volunteers of MADA's Kids Respite have my permission to review the information folder of my child so that they may care for my child appropriately.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



MAKING A DIFFERENCE ASSOCIATION

# Respite Care

MADA's  
KIDS

## Application Process:

1. Download the MADA's Kids Family application form from the Making A Difference Website at [www.makingadifferenceassociation.org](http://www.makingadifferenceassociation.org)
2. Fill out and submit the form to:

Making A Difference  
Attention: Pam Berger  
1607 West Townsend Street - Rialto, CA 92377 OR  
Email the forms to: [makingadifference112@gmail.com](mailto:makingadifference112@gmail.com)

*Note - If you are having any difficulty filling out the Family Application Form please contact Making A Difference and a Family Support Partner will help you through the process.*

3. Once the forms have been processed you will receive a letter of acceptance or denial. MADA's Kids provides respite care to Foster, Adoptive, Relative Care Givers and Biological families (Biological families must be currently receiving services through Children and Family Services). Priority will be given in this order:
  - A. Families that have been assigned a Family Support Partner through Making A Difference Association and that are receiving services through West Valley SART Center.
  - B. Families that have been assigned a Community Family Support Partner through Making A Difference Association.
  - C. Families that are current members of Making A Difference Association.
  - D. Any families receiving services through Children and Family Services.

If you have any questions or concerns please contact:

Lila Bonner  
Vice President  
Making A Difference Association  
1001 N La Cadena Dr Colton CA 92324  
1-800-235-3091 or 909-350-4895



MAKING A DIFFERENCE ASSOCIATION

# Respite Care



Tutoring Sign-Up Sheet

Does your child need additional help in school? Tutoring may be available, free of charge, to any child involved in the respite program. If you are interested please fill out the sheet below. Your child would receive 20 minutes of tutoring, during respite program hours, in the subject that has been circled below.

Date: \_\_\_\_\_ Child Name: \_\_\_\_\_  
*(MMDDYYYY)* *(First)* *(Last)*

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Subject (circle one) : Math Reading

Language Social Studies

Science Spelling

*Comments regarding type of tutorial assistance needed:*

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MAKING A DIFFERENCE ASSOCIATION

# Respite Care



Tutor Name:

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*Comments regarding type of tutorial assistance given:*

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