

**Family Respite Care Services, Inc**  
205 N. Main St. Suite 102, Janesville, WI 53545  
608-758-0956  
www.rockcountyrespite.org

**MISSION: To recruit and professionally support Respite Care Providers and promote 'strength based' support and resources for caregivers.**

**Respitiy Program Application**

Date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Number of children living in the home with a disability/special health care needs: \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Child's Disability** \_\_\_\_\_

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

**E-mail** \_\_\_\_\_ Best time to reach you from 9-2 \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Do you have other children living in the home?      Yes      No

What are their ages? \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_

How often are you able to schedule respite? \_\_\_\_\_

Respite Needed from the Respitiy program (please circle)      One night      Two nights

If your application qualifies, would you prefer a hotel room that is (*Please circle one*)

Smoking      Non-smoking room

Are you on the waiting list for County Family Support Program or state funding (*Please circle one*)?

Yes      No      If No, please explain: \_\_\_\_\_

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Rock County Developmental Disabilities Board  
Wildwood Theatres



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Is your child receiving funding from the Autism Waiver?      Yes      No

If No, please explain: \_\_\_\_\_

Are you receiving respite services from Independent Disability Services in Janesville?      Yes      No

If No, please explain: \_\_\_\_\_

Are you on the waiting list for Respite Services? Yes or No

If yes, please explain how long \_\_\_\_\_

If No, please explain: \_\_\_\_\_

If funds were available for you to use for respite throughout the calendar year, how would you use those funds for respite? Please explain: \_\_\_\_\_

How did you hear about our Respitality program? \_\_\_\_\_

Would you be willing to help Family Respite Care Services from time to time by volunteering some of your time for our Sib's Day Camp, fundraisers and publicity?

- No
- Yes – Fundraising volunteer: assisting us sell raffle tickets and other fundraising events
- Yes – Publicity volunteer: posting flyers in the area you live, taking information to providers in your area, taking information to area churches, schools, clinics, etc.
- Yes – Fundraising and Publicity
- Yes – Sib's Day Camp facilitator: a monthly support opportunity for the kids that have a sibling with a disability
- Maybe – Please call me so I can get more information

Is your child home schooled?      Yes      No

What school district does your child with a disability attend? \_\_\_\_\_

Please mail completed form to:

FRCS, Inc.

205 N. Main St. Suite 102

Janesville, WI 53545

For further information, please call 608-758-0956

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