

## Respite Inquiry – Intake Form

When completed, please contact Janice Madill, Respite Worker 204-857-8751

|   |                               |
|---|-------------------------------|
| <b>Applicant's Name:</b>  | <b>Partner/Spouse's Name:</b> |
| <b>Phone:</b>   | <b>Phone:</b>                 |
| <b>Email:</b>   | <b>Email:</b>                 |
| <b>Occupation:</b>  | <b>Occupation:</b>            |
| <b>DOB:</b>   | <b>DOB:</b>                   |
| <b>Mailing Address:</b>   |                               |
| <b>Home Address: if different from mailing address:</b>   |                               |
| <b>Date of Marriage or Common Law:</b>  |                               |
| <b>Children, Names and Ages:</b>  |                               |
| 1.  |                               |
| 2.  |                               |
| 3.  |                               |
| 4.  |                               |
| 5.  |                               |
| <b>Other Adults in your home, Names and Ages:</b>   |                               |
| <b>Respite for what Age and Gender of child(ren):</b>   |                               |
| <b>Availability:</b>  |                               |
| <b>Previous Respite experience:</b>   |                               |
| <b>Additional Information (please use back of the page as needed):</b>  |                               |
| <b>Date of Inquiry:</b>   |                               |
| <b>Intake taken by:</b>   |                               |
| <b>Area of Service: North (RM of Alonsa to Portage la Prairie) <input type="checkbox"/></b> <b>South (Carmen to RM of Stanley) <input type="checkbox"/></b> |                               |