



Application for Family Support Services Respite Program

***Application must be filled out, signed and accompanied by required documentation to be considered.
Please see other side for documentation checklist.**

Name of Child _____ Date of Birth _____

Parent/Guardian First Name _____ Last Name _____

Parent/Guardian Home Address: _____ Apt. # _____

City _____ State _____ Zip _____

Parent/Guardian Home Phone _____ Cell Phone _____

Email _____ Work Phone _____

Parent/Guardian First Name _____ Last Name _____

Parent/Guardian Home Address: _____ Apt. # _____

City _____ State _____ Zip _____

Parent/Guardian Home Phone _____ Cell Phone _____

Email _____ Work Phone _____

Do you currently have a child care **Provider or Program**? Yes No

Name of Program _____

Name of Child Care Provider/Program Director _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Email _____

If you need assistance completing this application please contact Child Care Resources of Rockland, Inc. at (845) 425-0009 Ext. 0.

Signature _____ Date _____

Submit your application and proof of eligibility to:

Child Care Resources of Rockland, Inc.
235 North Main Street, Suite 11
Spring Valley, NY 10977
(845) 425-0009 x0
Fax: (845) 425-5312
info@rocklandchildcare.org

For Official Use Only	
Application sent: _____	Completed Application Received _____
Effective Date _____	Program _____
Contact Person/Phone Number _____	
Date Agreement sent _____	Agreement received _____
OPWDD <input type="checkbox"/> TABS ID# <input type="checkbox"/> DDPI Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Documentation Checklist for Family Support Services Respite Program Application

The following documentation is required to determine eligibility for the Family Support Services Respite Program.

For funding thru The Office for People with Developmental Disabilities (OPWDD)

- Copy of child's complete, current IEP stating classification, including goals and objectives
- Copy of letter of Determination of Developmental Disability
- TABS ID#

*Release of Information

I give permission to Child Care Resources of Rockland, Inc. to receive information from my child's school, child care provider and/or treating clinician in order to determine eligibility for the Respite Program and to better serve my child's needs.

Signature_____

Date_____



235 North Main Street, Suite.11 / Spring Valley, NY 10977
Phone: (845) 425-0009 Toll Free: (877) 425-0009 Fax: (845) 425-5312
Business Hours: Mon-Fri 8:30am-5:00pm
Email: info@rocklandchildcare.org
Website: www.childcarerockland.org

Stay informed @ccrrockland

