**Complex Special Needs Respite Plan**

*(Attach to Case Resolution Review Report by Service Coordinator for all requests for Complex Special Needs Respite funds)*

**Name of Child/Youth**:

|  |
| --- |
| **Regular Calendar Schedule** |
| **Weekday** | **Current Services** | **CSN-funded Services Requested** |
|  | **Agency & Program** | **# Hours** | **Agency** | **# Hours** |
| Monday |  |  |  |  |
| Tuesday |  |  |  |  |
| Wednesday |  |  |  |  |
| Thursday |  |  |  |  |
| Friday |  |  |  |  |
| Saturday |  |  |  |  |
| Sunday |  |  |  |  |
| **Total Hours** |  |

|  |
| --- |
| **Schedule for Statutory Holidays, PD Days and School Breaks** **– Additional hours above regular calendar schedule** |
|  | **Current Services** | **CSN-funded Services Requested** |
|  | **Agency & Program** | **# Additional Hours** | **Agency** | **# Additional Hours** |
| PD Days |  |  |  |  |
| Statutory Holidays |  |  |  |  |
| March Break |  |  |  |  |
| Summer Break |  |  |  |  |
| Christmas Break |  |  |  |  |
| **Total Hours** |  |

|  |
| --- |
| **CSN Budget Requested**  |
| **Respite Provider(s)** | **Hourly wage** |
|  | $ |
|  |  |
| **Per Diem costs** **of respite location** |
| **Name of Respite Location** |  |
|  | $ |