Dear Parent/Guardian,

Thank you for inquiring about Respite Care of San Antonio, Inc. We are excited for you to be a part of our community and are sure you will enjoy the many services we have to offer. These include:

a. Weekday Out
b. Weekend Day Out
c. Night Out

Enclosed you will find an enrollment packet. Please complete the packet and return it in its entirety along with all required enrollment materials. All forms must be completed and submitted (one per household) to be considered for our programs. We require all our families who qualify to apply for Child Care Service (CCS) assistance. Any family that does not qualify and is below the 250% of federal poverty can apply for Respite Care of San Antonio's **Financial Hardship**. At the end of this enrollment, you will find information on CCS Eligibility and our Hardship Application- Texas Child Care Connection for Families

Required Enrollment Materials:

Days Out Required Documents
Completed Enrollment packet
Proof of Household Income (SNAP, SSI, TANF, etc.) Last 90 Days Paystubs (4 consecutive) Tax Return (page 1 and 2)
Immunization Record or Waiver
Proof of Guardianship, if applicable

We have an on-site clinic in collaboration with UT Health Clinic, available to expedite the completion of these forms for you. For more information, please call UT Health on 210-738-1636.

If you have questions or need help completing the packet, please contact Family Support Services team at rcsafamilyss@respitecaresa.org or 210-737-1212. If you need further assistance from a Director, please contact Marta Semidey 210-737-1212 at msemidey@respitecaresa.org.

We look forward to serving your loved one's needs.

The Community Program Team

ENROLLMENT & DEMOGRAPHIC INFORMATION				
Operation's Name:		**Director's Name:**		
Child's Name		**Date of Birth**	**Gender** ☐M ☐F	**Home Telephone Number**
Relationship of Caregiver Completing Form:		☐ Parent ☐ Guardian ☐ Foster ☐ Next of Kin		
How did you hear about Respite Care:				
Child's Diagnosis- - ☐ Check if child is neurotypical (does not have any disabilities/medical)				☐nonverbal ☐limited speech ☐ verbal
Child's Home Address		**City, State, and Zip Code**		
Name of School (if applicable)		**School District (if applicable)**		
Mother / Guardian Name		**Address (if different from child's address) – If blank, count as N/A**		
Father / Guardian Name		**Address (if different from child's address) If blank, count as N/A**		
List telephone numbers where parent's guardian may be reached while child will be in care	**Mother / Guardian Telephone**	**Father / Guardian Telephone**	**E-mail address**	
List of emergency contacts if parents/guardian cannot be reached				
Name	Address	Phone	Relationship	
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list the name and telephone number for each. Children will only be released to a parent, or a person designated by the parent/guardian after verification of ID.				
1)	2)	3)		

RECEIPT OF PARENT & GUARDIAN HANDBOOK
☐ I acknowledge receipt of the facility's operation policies, including those for discipline and guidance, gang free zone, privacy statement, additional information about immunizations. ☐ I acknowledge receipt of written copy of my rights as a parent or guardian of a child enrolled at this operation.

PUBLICITY RELEASE
I hereby ☐ give ☐ do not give consent for my child's photograph to be used for publicity.

Respite Care of San Antonio, Inc.
Family Financial Information

RCSA Office Use Only:
CHILD: _____
Rate DC: _____DRH: _____
THI: _____ HUD: _____

CHILD: _____
Rate DC: _____DRH: _____
THI: _____ HUD: _____

Do parents within the household attend school? ☐ **Yes** ☐ **No** If yes, is parent attending school: ☐ **Full time** ☐ **Part Time**
School attending: _____ GPA Average_____

	Names of Household Members	Date of Birth	Relationship to Participant
1.			**Head of Household**
2.			
3.			
4.			
5.			
6.			

Please list employment information for all adults in household:

Household Member	Place of Employment	Pay	Rate of PayPer: (circle one)	If paid per hour, # Hrs. per week	Avg. # Overtime Hrs./week
Head of Household		**$**	**Hr./ Mo./Yr.**		
		$	**Hr./ Mo./Yr.**		

For each individual listed above, please provide the most recent Federal tax return (pg. 1&2) OR 2 <u>consecutive</u> payroll check stubs.

Please mark X on additional income that is applicable to your household (please provide a copy of award letter, if applicable)

X	Type of Income/Assistance/Program	Amount per month
	Child Support	$
	Government Assistance	$
	Housing	$
	SNAP/TANF	$
	WIC	$
	SSI/SSDI	$

I certify that the above information is true and correct to the best of my knowledge. I understand the above information may be used to determine eligibility for financial assistance from Federal, State, and/or local government agencies for respite care/childcare services and is subject to verification by authorized government agency officials. Should any undisclosed information or incorrect information result in funding sources disallowing my bill, I understand I will be responsible for those fees. If any changes occur in household income, it should be reported to enrollment immediately.

_____ _____
Signature of Parent or Guardian Date

_____ _____
Print Name & Relationship to Participant Phone Number

Release of Liability

I, the parent/guardian understand that any respite worker of Respite Care of San Antonio, Inc., (RCSA) has been screened and has received special training and orientation by RCSA. I agree that Respite Care of San Antonio, Inc., shall not, under any circumstances be liable under or by reason of this agreement, directly or indirectly, for accident or injury to any person or persons during the course of providing and receiving respite services.

I assume the risk of all damage, loss, costs and expenses and agree to indemnify and hold harmless Respite Care of San Antonio, Inc., its officers, agents, and employees, from and against any and all claims, losses, damages, cause of action, suits and liability of every kind including all expenses of litigation, court costs, and attorney's fees for injury to any person or persons caused by the negligence of Respite Care of San Antonio, Inc. or the joint negligence of Respite Care of San Antonio, Inc. and any other person or entity.

Furthermore, I will indemnify the respite worker from and against any and all losses or damages which may sustain by reason of injury to any person or persons or damage to property while the respite worker is engaged in performing the services arising out of and within the scope of performance of this agreement, other than those which may arise in part out of the contributory negligence of the respite worker.

In addition, I hereby agree to indemnify Respite Care of San Antonio, its agents, employees and servants from all liability or claims, demands, damages and costs for or arising out of any of the services provided by RCSA during any respite provided at a facility base.

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Release of Information

This information will be used to provide care for your child utilizing services with Respite Care of San Antonio, Inc. (RCSA). All information is regarded as confidential to outside entities. I understand that all information regarding my child, his / her care, their history, health, medical and behavioral information as well as family information pertinent to receiving services will be shared within RCSA agency. All information will be maintained in my child's file. I understand information may be shared with funding entities outside of RCSA to ensure compliance with funding, licensing, or contractual agreements. This Authorization is in effect for the time that my child is registered to utilize services from RCSA. I understand that I have the right to revoke this authorization**.** I hereby authorize and give my consent for the release of information pertaining to my record. This authorization grants permission for RCSA to disclose the requested information to abide by city, state and federal guidelines.
I understand and acknowledge that the released information may contain sensitive and confidential data. I hereby release RCSA, its employees, agents, and affiliated parties from any liability that may arise from the disclosure and use of the authorized information, provided such disclosure is made in good faith and in accordance with applicable laws and regulations.

_____ _____

Signature of Parent or Guardian **Date**

_____ _____

Signature of Family Support Service Team Member **Date**

_____ _____

Signature of Director for Q/A **Date**

Attachments

1. Demographic Information
2. Stress Survey
3. Resilience Survey