Children's Services – Central

ASC agrees to provide the following Support Services to:

_____

** Services below are dependent on provision of a current funding agreement, staffing availability, and group-respite space availability.*

Place a check (√) where support services are applicable.

☐ **Family Support/Parental Support** – Support by Family Support Coordinator

☐ **Family Consult**

☐ **Behavioural/Developmental Supports**

Preferred days/times: _____ Total requested hours: _____

☐ **Community Support** – Activity/activities: _____

Preferred days/times: _____ Total requested hours: _____

☐ **In or Out of Home Respite Supports:**

☐ Hourly Respite: provided in or outside of the family's home/community on a regularly scheduled basis

Preferred days/times: _____ Total requested hours: _____

☐ **FUNTIMES** – *Group Respite Program* (pending registration space):

Preferred days/times: _____ Total requested hours: _____

☐ **t2A** – *Group Respite Program* (pending registration space):

Preferred days/times: _____ Total requested hours: _____

☐ **Triple P – Positive Parenting Program**

Triple P Program: _____

Preferred days/times:_____

_____	_____	_____
Date	Parent/Guardian	Program Coordinator