



**Oxford Respite Network  
RESPITE REFERRAL FORM**

The purpose of respite is to provide a flexible, periodic, short-term break from caregiving, for rest and renewal for the family.

In Oxford County, self-directed respite funding is available to qualified families/caregivers. **In order to qualify, the child/youth must have a Mental Health Disorder, a Developmental Disability, or Autism Spectrum Disorder. They must also reside in Oxford County and be under the age of 18.**

Respite funding is provided to Wellkin, by the Ministry of Health and the Ministry of Children, Community and Social Services, and all funding approvals and allocations are determined through the Oxford Respite Network.

The level and length of respite services will be determined based on the need of the child/youth/family, as well as available resources.

Please note, respite is not for the purpose of childcare while working, or treatment, and is not to be used as a substitute for another necessary service or support, including crisis services.

To apply for Respite Funding in Oxford County, please complete this referral form and send it to **Penny Sim, Respite Coordinator**, via mail, email or fax.

**Address:** Wellkin Child and Youth Mental Wellness  
912 Dundas Street, Woodstock  
ON, N4S 1H1

**Email:** PSim@wellkin.ca

**Fax:** 519-539-7058

If you have any questions about the application or eligibility, please contact the Respite Coordinator at 1-877-539-0463 at extension 230 or via email at PSim@wellkin.ca

**If you do not have enough space to include all of the information you wish to share in the sections below, please go to the last page of this document (#5 - Additional Information) and add the additional information there.**

**1. Referral Information**

Referring Agency:	Date:
Case Manager:	Telephone:
Email:	

Note: Please include a signed Consent to Exchange Information form along with this referral.



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**2. Child/Youth's Information**

Name:	DOB:	Age:
Diagnosis:		
Please check the Respite Fund you are applying to: <input type="checkbox"/> Autism Spectrum Disorder <input type="checkbox"/> Developmental Disability <input type="checkbox"/> Mental Health Disorder		

**3. Parent/Guardian Information**

Name(s):	Address:
Relationship(s) to the Child:	City:
Telephone:	Postal Code:
Cell Phone:	Email:

**4. Respite Plan**

Please describe in detail why the parent(s)/guardian(s) are in need of respite as well as the benefits they will experience when respite is in place:
Please specify the type of respite requested? (E.g. one to one support, seasonal or specialized camp fees, etc...)



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**5. Additional Information**

If you do not have enough space to include all of the information you wish to share in the sections above, please add the additional information here. Kindly reference the section number, when adding the additional information.