

Ohio Department of Job and Family Services Post Adoption Special Services Subsidy (PASSS) Respite Provider Information

**This form needs to be completed to identify the respite provider(s) used for your child. This form should be submitted as a part of the application packet when applying for PASSS respite care funds. If a new respite provider is added during the current PASSS fiscal year, this form should be completed and emailed to** **JFS\_PASSS@jfs.ohio.gov****. Please note that respite care PASSS funds cannot be used to pay for camp except for respite camps identified to work with youth with special needs. Please also note that respite providers cannot reside in the same home as the child.**

**ADOPTIVE FAMILY**

Name of Child:

Date of Birth of Child:

Name of Adoptive Parent(s):

Address of Adoptive Parent(s):

Phone # of Adoptive Parent(s):

Email of Adoptive Parent(s):

|  |  |
| --- | --- |
| **RESPITE PROVIDER** |  |
| Name of Respite Provider: |       |
| Address of Respite Provider: |        |
| City, State & Zip Code: |       |
| Phone # of Respite Provider: |       |
| Email of Respite Provider: |       |
| Hourly Rate for Respite: |       |

**Ohio Department of Job and Family Services**

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Does the Respite Provider have any specialized qualifications (medical qualifications, specialized training, etc.) to meet the needs of the child? [ ]  No [ ]  Yes If yes, what are these qualifications?

Is Respite Provider a Relative? [ ]  No [ ]  Yes If yes, how are the child’s needs best addressed

 by this relative respite provider?

 Can the Respite Provider accept the child’s medical card and/or private insurance for payment?

 [ ]  No If no, attach a signed statement from the respite provider.

 [ ]  Yes If yes, why is PASSS funding needed for this respite provider?

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| --- | --- |
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