



Vermont Kin As Parents (VKAP)

P.O. Box 415
Williston, Vermont 05495
Tel: 802-871-5104
Website: www.vermontkinasparents.org

RESPITE GRANT APPLICATION

What is Respite?

Respite is temporary care that provides a break for the relative caregiver(s) and the child(ren). There are many forms of respite, including childcare so a caregiver can do something for herself or himself; e.g. an afternoon the child spends with a babysitter, so the caregiver can relax without the child. Camps, after school programs, or other structured outings also allow the caregiver to take a break. *Please Note:* respite grants are only available for children under 18.

Vermont Kin As Parents has limited funding available for grandparents and others raising their relatives' children. At this time, respite grants from VKAP will be \$100 per family per year for each family that applies. Additional funding may be available through local Agencies on Aging, if the caregiver is 55 or over. Additional respite funding may also be available from local disability services agencies, if your child has a disability.

To apply, please complete the information below and mail your application to **Vermont Kin As Parents, P.O. Box 415, Williston, Vermont 05495**. If you have any questions, please call 802-871-5104.

VKAP RESPITE GRANTS WILL BE AWARDED ON A 'FIRST COME, FIRST-SERVED' BASIS. Applications received after grant funding is exhausted will be notified by mail. Unfunded applications will be held on file, should other funding become available.

PLEASE PRINT

First name: _____ Last name: _____ Male Female

Date of birth (MM/DD/YR) ___/___/___ Social Security Number (last 4 digits) _____

Marital status: Single Married Partner Widowed

Home phone: (____) _____ - _____ Work /cell phone: (____) _____ - _____

Mailing address: _____

City: _____ State _____ Zip _____ E-mail _____

Residential address (if different): _____

City: _____ State _____ Zip _____ County _____

ABOUT YOU

Your age: _____ Your spouse/partner's age: _____

Your ethnicity: Not Hispanic or Latino Hispanic or Latino Unknown

Your race: White (Alone) Non- Hispanic White (Alone) Hispanic

Black/African American (Alone)

American Indian/Native Alaskan (Alone) Native Hawaiian/Other Pacific Islander (Alone)

Asian (Alone) Other race Two or more races

Do you attend a kinship support group? Yes No If so, where? _____

Your name will be added to the mailing list for the newsletter, *VKAP Voices*. But:

* If you already receive the newsletter, please check here:

* If you do **NOT** wish to be on the mailing list, please check here:

☞ (please turn over & complete the rest of this form, on the other side of this page) ☞

(Continued from other side of page) **ABOUT THE CHILD(REN) IN YOUR CARE:**

Child # 1: First Name: _____ Last name: _____ Date of birth: _____

Social Security Number (last 4 digits) _____ Child's relationship to you: _____

Child # 2: First Name: _____ Last name: _____ Date of birth: _____

Social Security Number (last 4 digits) _____ Child's relationship to you: _____

Child # 3: First Name: _____ Last name: _____ Date of birth: _____

Social Security Number (last 4 digits) _____ Child's relationship to you: _____

Child # 4: First Name: _____ Last name: _____ Date of birth: _____

Social Security Number (last 4 digits) _____ Child's relationship to you: _____

Child # 5: First Name: _____ Last name: _____ Date of birth: _____

Social Security Number (last 4 digits) _____ Child's relationship to you: _____

What is your **legal** relationship to the child(ren)? *If you are caring for more than one child*, please write the number of the child or children (#1, 2, 3, 4, 5 from above list) that is applicable.

- | | |
|--|---|
| <input type="checkbox"/> ___ legal guardianship through Probate Court | <input type="checkbox"/> ___ custody through Family Court |
| <input type="checkbox"/> ___ permanent guardianship through Family Court | <input type="checkbox"/> ___ foster parent through DCF |
| <input type="checkbox"/> ___ adoption <u>without</u> the child being in DCF custody | <input type="checkbox"/> ___ adoption through DCF |
| <input type="checkbox"/> ___ no legal relationship/informal agreement with parent(s) | <input type="checkbox"/> ___ other |

Does your family receive funding for respite through any other organization? Yes No

If yes, through which agency and program? _____

HOW WILL YOU USE THE RESPITE MONEY?

- | | | |
|--|---|--|
| <input type="checkbox"/> Respite with a babysitter at home | <input type="checkbox"/> Childcare outside the home | <input type="checkbox"/> Homemaking services |
| <input type="checkbox"/> Summer camp, after school program | <input type="checkbox"/> Other _____ | |

Please explain specifically what you will use the funding for: _____

Please explain how this will help your family: _____

Signature: _____ **Date:** _____

If you are 55 or over, do you give VKAP permission to share this application with the local Agency on Aging for possible grant funding? Yes No

Signature: _____ **Date:** _____

For office use only:

Received on: _____ Initials _____ Approved _____ Referred to _____ Denied (explain) _____

Date of decision: _____ Check # _____ Date mailed _____ Initials _____