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| ATTACHMENT DNJ Department of Children and Families, Children’s System of Care (CSOC)**Respite: Family Support Services (FSS)****program component sheet****PLEASE TYPE OR PRINT LEGIBLY** Date Submitted**:**       |
| Agency Name: |       |
|  |  |  |
| **Respite Type** – Check (1) only.Use a separate form for each respite type and site. | **Site Name -** Enter(1) only.Must correspond with # on Agency Data Sheet. If more than one site, use a different name and separate form for each.  | **Maximum Frequency** | **$ Rates Per** |
| **15 Min** | **Hour** | **Overnight** |
| [ ]  AAS Agency After School  |       |  960 units - 240 hrs. per 90 days | 7.22 |  28.88 | - |
| [ ]  AHR Agency Hired  |       |  240 units - 60 hrs. per 90 days | 10.43 |  41.72 | - |
| [ ]  AWR Agency Weekend  |       |  300 units - 75 hrs. per 90 days | 6.91 |  27.64 | - |
| [ ]  SHR Self-Hired  |       |  240 units - 60 hrs. per 90 days | 6.89\* | 27.56\* | - |
| [ ]  OVR Overnight  |       |  14 overnights per rolling 365-day period | - | ~~-~~ | $ 155 |
| \*Note: NJ State minimum wage must be paid for family respite worker |
| Program/Site Address:  |       |  |  |
| Program Lead:  |  Name: |       |  Title: |        |
|  |  Email: |       |  Phone: |        |
|  Approx. # of Youth to Serve:  |         | (# required) Staffing Ratio: |        |  Ages Served: |       |
|  Program Timeframe:  | Start Date:  |       | End Date: |       |  Total # Weeks: |       |
|  |  |   |  (52 If year-round. Adjust as needed)  |
|  |  |  |  |  |  |  |
|   Days/Hours: Include am/pm & make sure hours correlate with program |  Counties: Check only counties in the program’s service area |
|  ▪ Sunday |       to       |  |  [ ]  Atlantic |  [ ]  Gloucester  |  [ ]  Ocean |
|  ▪ Monday |       to       |  |  [ ]  Bergen |  [ ]  Hudson |  [ ]  Passaic |
|  ▪ Tuesday |       to       |  |  [ ]  Burlington |  [ ]  Hunterdon |  [ ]  Salem |
|  ▪ Wednesday |       to       |  |  [ ]  Camden |  [ ]  Mercer |  [ ]  Somerset |
|  ▪ Thursday |       to       |  |  [ ]  Cape May |  [ ]  Middlesex |  [ ]  Sussex |
|  ▪ Friday |       to       |  |  [ ]  Cumberland |  [ ]  Monmouth |  [ ]  Union |
|  ▪ Saturday |       to       |  |  [ ]  Essex |  [ ]  Morris |  [ ]  Warren |
|  |
|  Held in Public School: [ ]  Yes [ ]  No  |  School Name: |       |
|  |  School District: |       |
|  |
|  Transportation Provided: [ ]  Yes [ ]  No Type: |       |
| Note: Youth transportation is allowed; however, additional funds will not be provided. |
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| Bilingual Services Offered: [ ]  Yes [ ]  No  |  Languages:  |       |
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| Agency must complete for each AAS and OVR programs:  | Date Issued or Expires  | If unavailable, why? \*NJ Public School sites are exempt |
| H or F Health or Fire Certificate \* | Enter Date |       |
| CO Certificate of Occupancy \*  | Enter Date |       |
| LMD Lease, Mortgage or Deed \* | Enter Date |       |
| OOL Office of Licensing Certificate (OVR only) | Enter Date |       |