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| ATTACHMENT D  NJ 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bilingual Services Offered:  Yes  No | | | | | | | | | | | | | | Languages: | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | |  | | | | | | | | | |