**Program Description Form for Respite**

for the

New Jersey Department of Children and Families (DCF) Children’s System of Care (CSOC)

Please enter the requested information into this form and **include it in the third PDF submission in your Request for Qualification** **response packet that is to be labeled:**

***PDF 3: Section III – Documents Requested to be Submitted with this Response, Subsection B.***

Name of Provider:

1. Identify the program type(s):

|  |  |
| --- | --- |
|  [ ]  Respite, Agency After School (AAS) |  [ ]  Respite, Self-Hired (SHR) |
|  [ ]  Respite, Agency Hired (AHR) |  [ ]  Respite, Overnight (OVR)  |
|  [ ]  Respite, Agency Weekend (AWR) |  |

1. Specify the age range of the youth to be served by the program: From:       To:
2. Approximate number of youth to be served by the program (s):

4. Identify the specific program location(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  [ ]  Atlantic |  [ ]  Cumberland |  [ ]  Hunterdon |  [ ]  Morris |  [ ]  Somerset |
|  [ ]  Bergen |  [ ]  Essex |  [ ]  Mercer |  [ ]  Ocean |  [ ]  Sussex |
|  [ ]  Burlington |  [ ]  Gloucester  |  [ ]  Middlesex |  [ ]  Passaic |  [ ]  Union |
|  [ ]  Camden |  [ ]  Hudson |  [ ]  Monmouth |  [ ]  Salem |  [ ]  Warren |
|  [ ]  Cape May |  |  |  |  |

5. Specify the hours of program operation and include AM and PM:

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  Sunday |       to       | [ ]  Thursday |       to       |
| [ ]  Monday |       to       | [ ]  Friday |       to       |
| [ ]  Tuesday |       to       | [ ]  Saturday |       to       |
| [ ]  Wednesday |       to       |  |  |

6. Describe the activity(ies) offered by your program and include details explaining how each activity

 will be delivered and the level of participation intended for youth.

7. Provide information on the staffing of the program