



**Connecticut Medical Home Initiative for  
Children and Youth with Special Health Care Needs\*  
FAVOR**

185 Silas Deane Highway  
Wethersfield CT 06109  
Tel: 860-436-6544 Toll Free: 855-436-6544  
Fax: 860-563-3961 Email: CTMedicalHome@FAVOR-CT.org

Attention Families:

Limited funds are available for families who have children and youth with special health care needs (CYSHCN) for **direct respite services**. The purpose of respite is to provide some relief to families caring for children and youth with special health care needs. These direct respite services are to be family directed, with the provider and the location of the respite services to be determined by family choice.

The limited respite funds will be awarded based upon family need.

**To be considered eligible for Respite Service Funds:**

- 1. Fill out the Entire application including Respite Service Funds Form B , Request Form A, and the Children and Youth with Special Health Care Needs and Family Need Checklist attached to this letter. We need all 7 pages, as well as proof of income. You must include both parent and child's social security numbers , in order to be considered for funds. Please return all forms in the postage free envelope provided.**

**For further information please contact: CT Medical Home Initiative at FAVOR: 855-436-6544**

**RESPITE SERVICE FUNDS REQUEST APPLICATION FORM A**

<b>Date</b>	
<b>Child's Name</b>	
<b>Date of Birth:</b>	
<b>Names of other children in the CYSHCN Program</b>	
<b>Parent's/Guardian's Name</b>	
<b>Parent's/Guardian's Social Security Number ( Required)</b>	
<b>Address</b>	
<b>Town</b>	<b>Zip code</b>
<b>Phone Numbers (Daytime)</b>	<b>(Evening)</b>
<b>Best time to call</b>	<b>EMAIL Address:</b>

\*The Connecticut Medical Home Initiative for Children and Youth with Special Health Care Needs is a program supported by the State of Connecticut Department of Public Health. Information is available on their website at [www.dph.state.ct.us](http://www.dph.state.ct.us).

8/30/15