



Dear Parent/Guardian,

Thank you for inquiring about Respite Care of San Antonio, Inc. We are excited for you to be a part of our community and are sure you will enjoy the many services we have to offer. These include:

- a. Mother's Day Out (MDO)
- b. Family Day Out (FDO)
- c. Parent's Night Out (PNO)
- d. Respite Developmental Daycare
- e. School Age Programming (After School and Camp)
- f. Respite Weekend and Holiday Overnight Services (DRH)

Enclosed you will find a registration packet. Please complete the packet and return it in its entirety along with all required registration materials. All forms must be completed and submitted to be considered for our programs. If an incomplete application is submitted, registrants will have 5 business days to complete their packet unless an extension is requested and approved by Respite Care Administration.

**Required Registration Materials:**

DRH Required Documents	Daycare Required Documents	Days Out Required Documents
Completed Registration Packet	Completed Registration Packet	Completed Registration Packet
Proof of Household Income (SNAP, SSI, TANF, etc.) Last 90 Days	Proof of Household Income (SNAP, SSI, TANF, etc.) Last 90 Days	Proof of Household Income (SNAP, SSI, TANF, etc.) Last 90 Days
Paystubs (4 consecutive)	Paystubs (4 consecutive)	Paystubs (4 consecutive)
Tax Return (page 1 and 2)	Tax Return (page 1 and 2)	Tax Return (page 1 and 2)
Immunization Record	Immunization Record	Immunization Record
Birth Certificate	Birth Certificate	
Social Security Card	Social Security Card	
Health Insurance	Health Insurance	
Proof of Guardianship	Proof of Guardianship, if applicable	
	CCS Application	

Please have the doctor sign the following forms:

1. **Admission and Medical Information**
2. **Parent/Practitioner Medication Authorization**

Medication orders are only necessary if your child will be taking medication or receiving treatment while in care. **\*NO MEDICATIONS WILL BE GIVEN WITHOUT DOCTORS ORDERS. \***

If you have questions or need help completing the packet, please contact Alma Alvarado at (210) 737-1212 ext. 2015/aalvarado@respitcaresa.org or Nickol Gomez at ext. 2029/ngomez@respitcaresa.org.

We look forward to serving your loved one's needs.

Sincerely,

The Program Team

# ADMISSION & MEDICAL INFORMATION

Child's Name		Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Home Telephone Number
Child's Diagnosis				<input type="checkbox"/> nonverbal <input type="checkbox"/> limited speech <input type="checkbox"/> verbal
Child's Home Address		City, State and Zip Code		
Name of School (if applicable)		School District		
Mother / Guardian Name		Address (if different from child's address)		
Father / Guardian Name		Address (if different from child's address)		
List telephone numbers where parent's guardian may be reached while child will be in care	Mother' / Guardian Telephone	Father / Guardian Telephone	E-mail address	
Give the name, address and phone number of person to call in <b>case of emergency</b> if parents/guardian cannot be reached				
Name	Address	Phone	Relationship	
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.				
1)	2)	3)		

CHECK ALL THAT APPLY	
1. SERVICE INTEREST: <input type="checkbox"/> Daycare <input type="checkbox"/> Mother's Day Out <input type="checkbox"/> Weekends <input type="checkbox"/> Overnight <input type="checkbox"/> After School/Camp	
2. TRANSPORTATION: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported for emergency care	
3. FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported to and participate in field trips	
4. WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in water activities <input type="checkbox"/> sprinklers <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> water table play	
5. RECEIPT OF PARENT HANDBOOK: <input type="checkbox"/> I acknowledge receipt of the facility's operation policies including those for discipline and guidance.	
6. PUBLICITY RELEASE: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child's photograph to be used for publicity.	
7. THERAPIES RECEIVED: <input type="checkbox"/> ECI Services <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Applied Behavior Analysis <input type="checkbox"/> None	

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:</b>		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Primary Care Physician:	Address:	Phone Number:
Name of Emergency Medical Facility:	Address:	Phone Number:
<input type="checkbox"/> I give consent for the facility to secure any and all necessary emergency medical care for my child.		

Please list any specialists that may provide us with information important to the care of your child			
Name of Physician:	Specialty:	Address:	Phone Number:
<b>MEDICAL INSURANCE INFORMATION</b> <input type="checkbox"/> My child is not insured <input type="checkbox"/> My child is insured by: _____			
<b>Please list any behavioral information that may be important to the care of your child</b>			
Behavior:	Antecedent:	Plan of correction:	Reward/ Consequence

# ADMISSION & MEDICAL INFORMATION

Child's Name	Date of Birth	Child's Diagnosis
<b>ADMISSION REQUIREMENT</b>		
<input type="checkbox"/> My child <b>does not attend</b> a pre-kindergarten or school away from Respite Care of San Antonio, Inc. <i>Children who are not in school will need this form signed by both a health care professional and the parent.</i> Check one of the following boxes: <input type="checkbox"/> <b>HEALTH CARE PROFESSIONAL'S STATEMENT: See Parent/ Practitioner's Authorization</b> <input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.		
<input type="checkbox"/> My child <b>is school age</b> and attends a pre-kindergarten or school away from Respite Care of San Antonio, Inc. Provide all of the following boxes: <input type="checkbox"/> My child has been examined within the past year by a health care professional and is able to participate in the day care program. <input type="checkbox"/> My child has received both a vision and hearing screening in the past year. (Required if 4 y/o and older) <input type="checkbox"/> Current Well Child Summary		
<b>ALLERGY INFORMATION</b>		
<input type="checkbox"/> My child has no known allergies <input type="checkbox"/> My child is allergic to the following: _____ <div style="display: flex; justify-content: space-between;"> <div>Medication: _____</div> <div>Reaction: _____</div> <div>Response: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Medication: _____</div> <div>Reaction: _____</div> <div>Response: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Food: _____</div> <div>Reaction: _____</div> <div>Response: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Other: _____</div> <div>Reaction: _____</div> <div>Response: _____</div> </div>		
<div style="display: flex; justify-content: space-between;"> <div>Height: _____</div> <div>Weight: _____</div> </div>		
<b>MEDICAL / INTERVENTIONS / SPECIAL DIET REQUIREMENTS</b>		
Any interventions to be administered at RCSA programs must be accompanied by a <b>Parent / Practitioner Authorization</b> form. <input type="checkbox"/> My child has NO special diet requirements <input type="checkbox"/> My child has NO special medical intervention requirements <input type="checkbox"/> My child has a SPECIAL DIET (explain): _____ <input type="checkbox"/> My child has: <input type="checkbox"/> A FEEDING TUBE <input type="checkbox"/> NEBULIZER <input type="checkbox"/> CATHETER <input type="checkbox"/> STOMA / BAG: _____ <input type="checkbox"/> DIAPERS Explain: _____ Other: _____ Special Equipment List: _____		
<b>MEDICATIONS</b>		
Any medications to be administered at RCSA programs must be accompanied by a <b>Parent / Practitioner Authorization</b> form. <input type="checkbox"/> My child takes NO medication <input type="checkbox"/> My child takes the following medications <div style="display: flex; justify-content: space-between;"> <div>Medication: _____</div> <div>Dosage: _____</div> <div>Frequency: _____</div> <div>Reason: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Medication: _____</div> <div>Dosage: _____</div> <div>Frequency: _____</div> <div>Reason: _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Medication: _____</div> <div>Dosage: _____</div> <div>Frequency: _____</div> <div>Reason: _____</div> </div>		
<b>HOSPITALIZATION / SURGICAL HISTORY</b>		
<input type="checkbox"/> My child has <b>NOT</b> been hospitalized in the past 12 months <input type="checkbox"/> My child <b>HAS</b> been hospitalized in the past 12 months <input type="checkbox"/> My child has <b>NOT</b> had surgery in the past 12 months <input type="checkbox"/> My child <b>HAS</b> had surgery in the past 12 months If Yes, please list (date & reason): _____		

Health Care Professional's Signature

Date

Parent/Guardian's Signature

Date

Health Care Professional's Printed Name or Stamp

Parent/Guardian's Printed Name



**Parent/ Practitioner's Authorization**  
**Medication Administration, TB Questionnaire, Immunization, Examination & Orders**

Child (participant's) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

For allergy and/or emergency purposes, please provide a list of ALL medications/supplements your child is currently taking.

**Medication Authorization**

**If your child will need medication administered** or any other type of nursing care while he/she is in the care of Respite Care of San Antonio a **doctor's order is required** before any medication or treatment can be administered. The order must state the name of the patient and medication, the dosage, time, frequency and route of administration. A start and end date (or "ongoing") should be indicated. It must be signed and dated and must match the orders on the prescription bottle provided. We cannot provide care for your child unless ordered medications are provided. Any PRN or "as needed" medication must list the indicators of the need. If any changes are made, to include discontinuing a medication, the updated order must be provided prior to administration.

**Tuberculosis (TB) Screening**

Place a mark in the appropriate box:	Yes	No	Unknown
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know, has the above named individual: -been anyone around with these symptoms or problems? OR -been anyone around diagnosed with TB? OR -had any of these symptoms?			
Was the above named individual born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has the above named individual traveled in the past year to Mexico, or any other country in Latin America, the Caribbean, Africa, Eastern Europe, or Asia for longer than 3 weeks? If so, specify the country/countries: _____			
To your knowledge has the above named individual spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has the above named individual been tested for TB? YES NO If yes, specify date: \_\_\_\_\_

Has the above named individual ever had a positive TB skin test? YES NO If yes, specify date: \_\_\_\_\_

**Immunization Record**

<input type="checkbox"/> I have provided a copy of my child's most recent and up to date immunization record.
<input type="checkbox"/> I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

☐ I have read and understand the above information and attest that all information I have provided is accurate. I authorize any medication and/or treatment to be administered per doctor's orders.

☐ I have read and understand the above questions on TB and attest that all information I have provided is accurate.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Parent/Guardian's Printed Name

**For completion by Health Care Provider:**

Based on the information provided above, does the above named individual require a PPD? ☐ YES ☐ NO

If yes, date administered \_\_\_\_\_ Date read \_\_\_\_\_ Results? \_\_\_\_\_

☐ I have examined the above named child within the past year and find that he/she is able to take part in the day care program.

☐ I have provided a copy of the child's most recent and up to date immunization record.

☐ I have provided a copy of the child's most recent medical orders (medication and medical intervention i.e. g-tube, nebulizer, etc.).

\_\_\_\_\_  
Health Care Professional's Signature Date

\_\_\_\_\_  
Health Care Professional's Printed Name or Stamp



## Respite Care of San Antonio, Inc. Family Financial Information

Office Use Only:	
Name: _____	
Rate DC: _____	DRH: _____
THI: _____	HUD: _____
Name: _____	
Rate DC: _____	DRH: _____
THI: _____	HUD: _____

Submitted: \_\_\_\_\_

Med: \_\_\_\_\_

Choose Program: ☐ PDO ☐ FDO ☐ MDO ☐ Daycare ☐ DRH

Review Date \_\_\_\_\_ by: \_\_\_\_\_

Participant Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Email \_\_\_\_\_

Number in Household \_\_\_\_\_ Number claimed on last tax return \_\_\_\_\_ Single Parent Family? **Yes** **No**

	Names of Household Members	Date of Birth	Relationship to Participant
1.			Head of Household
2.			
3.			
4.			
5.			
6.			
7.			
8.			

**Please list employment information for all adults in household:**

Household Member	Place of Employment	Rate of Pay	Per: (highlight one)	If paid per hour, # Hrs. per week	Avg. # Overtime Hrs./week
Head of Household		\$	Hr./ Mo./Yr.		
		\$	Hr./ Mo./Yr.		
		\$	Hr./ Mo./Yr.		
		\$	Hr./ Mo./Yr.		
		\$	Hr./ Mo./Yr.		

**For each individual listed above, please provide most recent Federal tax return OR 4 consecutive payroll check stubs.**

Do parents within the household attend school? **Yes** **No** If yes, is parent attending school: **Full time** **Part time**  
School attending: \_\_\_\_\_

Do any members of household receive SSI or Social Security Benefits? **Yes** **No**

List Household Member	Amount per month

**Please provide copy of Social Security Award letters for each listed person.**

Do you receive child support for children in your household? **Yes** **No** Amount per Month \$ \_\_\_\_\_

Do you receive Food Stamps? **Yes** **No** Do you receive Housing Assistance? **Yes** **No**

Do you receive TANF? **Yes** **No** Do you receive any other government assistance? **Yes** **No**

Child (participant) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Please list any sources of household income (please provide a copy of award letter, if applicable)

X	Type of Income/Assistance/Program	Amount per month
	Employment	
	Social Security	
	Child Support	
	Government Assistance	
	Other	

I certify that the above information is true and correct to the best of my knowledge. I understand the above information may be used to determine eligibility for financial assistance from Federal, State and/or local government agencies for respite care/ daycare services and is subject to verification by authorized government agency officials. Should any undisclosed information or incorrect information result in funding sources disallowing my bill, I understand I will be responsible for those fees. If any changes occur in household income, it should be reported to registration immediately.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Relationship to Participant

\_\_\_\_\_  
Phone Number

#### Individual Service Plan/ Rates Agreement

This mutual agreement year begins \_\_\_\_\_ and ends \_\_\_\_\_. Respite Care of San Antonio, Inc., agrees to:

1. Provide specially trained respite workers who will care for your child during the absence of the parent/guardian, including assistance with medication.
2. Notify the parent/guardian or emergency contact and/or obtain authorized emergency services, in case of an emergency while respite is being conducted.

The Parent/Guardian agrees to:

1. Provide accurate information on the needs of the child including any dangerous or potentially dangerous conditions or tendencies.
2. Follow appropriate procedures for scheduling and utilizing respite services: (A) call RCSA in advance (B) make all respite arrangements through the office, including change of time and cancellation at (210) 737-1212.
3. Assure that all medications, prescribed and non-prescribed, have current practitioner's orders, are properly labeled and in sufficient quantity.
4. Give RCSA all relevant information needed to contact you or a responsible party to obtain medical services in an emergency situation.
5. Furnish enough clean clothes, foods, diapers, supplies, and necessary adaptive equipment for your child.
6. Provide a description of your child's daily routine and activities of care.
7. Pay for services at the negotiated rate by the end of each week.
8. Follow the Participant Handbook that contains the quality assurance guidelines. ☐ \_\_\_\_\_ Initials

#### Release of Liability

I, the parent/guardian of \_\_\_\_\_ understand that any respite worker of Respite Care of San Antonio, Inc., (RCSA) has been screened and has received special training and orientation by RCSA. I agree that Respite Care of San Antonio, Inc., shall not, under any circumstances be liable under or by reason of this agreement, directly or indirectly, for accident or injury to any person or persons during the course of providing and receiving respite services.

I assume the risk of all damage, loss, costs and expenses and agree to indemnify and hold harmless Respite Care of San Antonio, Inc., its officers, agents, and employees, from and against any and all claims, losses, damages, cause of action, suits and liability of every kind including all expenses of litigation, court costs, and attorney's fees for injury to any person or persons caused by the negligence of Respite Care of San Antonio, Inc. or the joint negligence of Respite Care of San Antonio, Inc. and any other person or entity.

Furthermore, I will indemnify the respite worker from and against any and all losses or damages which may sustain by reason of injury to any person or persons or damage to property while the respite worker is engaged in performing the services arising out of and within the scope of performance of this agreement, other than those which may arise in part out of the contributory negligence of the respite worker.

In addition, I hereby agree to indemnify Respite Care of San Antonio, its agents, employees and servants from all liability or claims, demands, damages and costs for or arising out of any of the services provided by RCSA during any respite provided at a facility base. ☐ \_\_\_\_\_ Initials

### **Release of Information**

I authorize Respite Care of San Antonio, Inc. and its administrative and clinical team to obtain the following information. Check all that apply.

<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Cognitive / Mental Health reports	<input type="checkbox"/> Medical testing / records
<input type="checkbox"/> Diagnosis	<input type="checkbox"/> Advanced Directives	<input type="checkbox"/> ECI/ Therapy / Education reports /plan
<input type="checkbox"/> Immunization Record	<input type="checkbox"/> Practitioner / Physician's Order	<input type="checkbox"/> Family financial information

This information will be used to provide care for your child utilizing services with Respite Care of San Antonio, Inc.(RCSA). All information is regarded as confidential to outside entities. I understand that all information regarding my child, his / her care, their history, health, medical and behavioral information as well as family information pertinent to receiving services will be shared within RCSA agency. All information will be maintained in my child's file. I understand information may be shared with funding entities outside of RCSA to ensure compliance with funding, licensing or contractual agreements. This Authorization is in effect for the time that my child is registered to utilize services from RCSA. I understand that I have the right to revoke this authorization.

☐ \_\_\_\_\_Initials

I have provided RCSA all necessary personal, medical, financial and behavioral information needed for the proper care and protection of my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
RCSA Staff Member

\_\_\_\_\_  
Date

**Operational Schedule:**

Respite Care of San Antonio (RCSA) provides safe, quality, and loving care for children 6 weeks through 5 years of age. RCSA center hours of operating are from 7:30am-6:00pm, MDO hours of operating are Mondays and Wednesdays from 8:30am-4:30pm. FDO hours of operating is Saturdays from 9:00am-4:00pm. We operate year round and are closed for holidays and teacher in-service days. A list of annual center closing dates is available from your Center Director. We will attempt to stay open during inclement weather; however, we will make announcements of school closing, late opening or early dismissal through written correspondence. No adjustments or credits will be issued for school closings due to inclement weather.

**Registration, Tuition, and Fees:**

- **NO CASH:** For the safety of our employees and the children in our care, RCSA does not accept cash. Please see your Center Director or Assistance Director for payment options available at RCSA.
- **Registration Fee:** \$50 non-refundable is due when your child's application is submitted. If you withdraw from RCSA and would like to return, a new enrollment form and registration fee must be submitted and an opening must be available. If you return within a year of the original registration date, no registration fee is due at the time of reregistration.
- **Weekly Tuition:** \$\_\_\_\_\_. Payments can be paid any day of the week. We reserve the right to refuse service for families who have an outstanding account balance at the end of the week. Full tuition is due for holidays and in-service day closings observed by RCSA.
- **Sibling Discount:** We offer a 10% discount for the first sibling and 15% for all additional children enrolled full-time in our program for the same family. The discount will be applied to the lowest tuition rate billed for the family.
- **Late Payment Fee:** \$25.00 will be charged if payment is not received by your assigned payment due date. A \$10 fee will be added on the date after the due date assigned and everyday thereafter until payment is received.
- **Delinquent Accounts:** We reserve the right to refuse service for families who have an outstanding account balance at the end of the week. (*Delinquent accounts and all costs incurred in the collection process will be...*)
- **Non-sufficient Funds (NSF):** \$30 fee will be added to your account when we are notified of NSF for either checks or electronic withdraws. The amount of the original payment and the NSF fee MUST be paid with a money order or cashier's check immediately upon notification of the NSF. If we receive more than two NSF notifications, your account will result in being a MONEY ORDER only basis.

- **Late Pickup Fee:** \$1.00 per minute per child.
- **Withdrawal Notification:** If you must withdraw from our center for any reason, you will be required to give notice at your earliest convenience. To re-register your child(ren), a new enrollment form must be submitted with the registration fee, provided there is an opening available. If you re-register within 30 days of the withdrawal/dis-enrolling, we will waive the registration fee per child.

**Refund Policy:**

- We refund tuition and fee if paid ahead and not utilized; excluding non-notification of withdraw from RCSA.
- Refunds can take up to 30 days to process.

**Absentee Credit:**

- Absentee credit does not apply to any of our services.

**Change or Termination of Agreement:**

- RCSA has the right to change their fees and/or policies with a 30-day written notice. Written notices include email correspondence.
- RCSA reserves the right to deny services without notice due to aggressive and/or unsafe behaviors of child or parent, delinquent accounts, or any behavior that we deem disruptive to our daily operation or good standing in the community.

**Additional Agreement and Signature:**

- I understand that it is my responsibility to keep the center advised of changes of addresses, phone numbers, and authorized pick-up information.
- I agree to abide by all the policies and procedures outlined in this tuition contract, which shall always be the official governing document, and acknowledge that I have reviewed RCSA parent handbook.
- This agreement shall be governed by and interpreted by the laws of the State of Texas, Bexar County.
- Pursuant to Company Policy and State Licensing Standards, weapons of any kind, to include but not limited to any and all firearms, knives, swords, crossbows, and tasers, are NOT permitted or allowed on the premise. See Texas Department of Family & Protective Services Minimum Standards for Child-Care Centers §746.3707(a)&(b).

My signature represents that I have the full authority to bind myself to the terms of this contract

\_\_\_\_\_  
Parent/Guardian Signature      Date

\_\_\_\_\_  
Center Director Signature      Date



Date:\_\_\_\_\_

Caregiver Name:\_\_\_\_\_

Client Name:\_\_\_\_\_

**Respite Care of San Antonio, Inc.**  
**Demographic Information**

For reporting purposes only

**Gender:** Gender identity of the clients served by the program.

- ☐ Female  
☐ Male  
☐ Other  
☐ Gender Unknown

**Age Grouping:** Age ranges based on the ages of the clients served by the program.

- |                                          |                                |                                      |
|------------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Unborn Children | <input type="checkbox"/> 20-24 | <input type="checkbox"/> 75-84       |
| <input type="checkbox"/> 0-2 Years       | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 85-Over     |
| <input type="checkbox"/> 3-4 Years       | <input type="checkbox"/> 35-44 | <input type="checkbox"/> Age unknown |
| <input type="checkbox"/> 5-9Years        | <input type="checkbox"/> 45-54 |                                      |
| <input type="checkbox"/> 10-14 Years     | <input type="checkbox"/> 55-64 |                                      |
| <input type="checkbox"/> 15-19 Years     | <input type="checkbox"/> 65-74 |                                      |

**Race and Ethnicity:**

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Hispanic or Latino  
☐ Native Hawaiian or Other Pacific  
☐ Islander  
☐ White  
☐ Some Other Race  
☐ Two or More Races  
☐ Race/Ethnicity Unknown

**Hispanic or Latino Origin:**

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
☐ Hispanic or Latino Origin Unknown

**Education Level:** Highest (or current level of education) achieved by the clients served by the program. Measured at the client level as a count of clients.

- |                                                 |                                                |                                                 |                                                   |
|-------------------------------------------------|------------------------------------------------|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Less than Kindergarten | <input type="checkbox"/> Kindergarten          | <input type="checkbox"/> HS Diploma             | <input type="checkbox"/> Bachelors                |
| <input type="checkbox"/> 1 <sup>st</sup> Grade  | <input type="checkbox"/> 5 <sup>th</sup> Grade | <input type="checkbox"/> 9 <sup>th</sup> Grade  | <input type="checkbox"/> GED or equivalent        |
| <input type="checkbox"/> 2 <sup>nd</sup> Grade  | <input type="checkbox"/> 6 <sup>th</sup> Grade | <input type="checkbox"/> 10 <sup>th</sup> Grade | <input type="checkbox"/> Grad or Prof. Degree     |
| <input type="checkbox"/> 3 <sup>rd</sup> Grade  | <input type="checkbox"/> 7 <sup>th</sup> Grade | <input type="checkbox"/> 11 <sup>th</sup> Grade | <input type="checkbox"/> Post HS Technical Degree |
| <input type="checkbox"/> 4 <sup>th</sup> Grade  | <input type="checkbox"/> 8 <sup>th</sup> Grade | <input type="checkbox"/> 12 <sup>th</sup> Grade | <input type="checkbox"/> Ed. Level Unknown        |
|                                                 |                                                | <input type="checkbox"/> Some College-No Degree |                                                   |
|                                                 |                                                | <input type="checkbox"/> Associates             |                                                   |

**Household Composition:** Type of household the clients(s) served in the program are members of. Measured at the household level as a count of households/families.

- ☐ Single Parent/Caregiver Family Household with children (no grandparent(s) present)  
☐ Two- Parent/Caregiver Family Household with children (no grandparent(s) present)  
☐ Family Household with grandparent(s) responsible for grandchild(ren) present  
☐ Other Family Household  
☐ Single Person Non-Family Household  
☐ Other Non-Family Household (other than single person)  
☐ Household Type Unknown

**Military Service:** Military service status of the clients served by the program. Measured at the client level as a count of clients.

- |                                                                      |                                                       |                                                  |                                           |                                         |
|----------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|-------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Active Duty                                 | <input type="checkbox"/> Military dependents          | <input type="checkbox"/> Active Reserve          | <input type="checkbox"/> Inactive Reserve | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Veteran (discharge other than dishonorable) | <input type="checkbox"/> Discharged - Dishonorable    |                                                  |                                           |                                         |
| <input type="checkbox"/> Retired military                            | <input type="checkbox"/> Never served in the military | <input type="checkbox"/> Military status unknown |                                           |                                         |

How many clients in total? \_\_\_\_\_

If more than one client, please write in page \_\_\_\_\_ of page\_\_\_\_\_

**Respite Care of San Antonio, Inc.**  
**Demographic Information**

For reporting purposes only

**Gender:** Gender identity of the clients served by the program.

- ☐ Female  
☐ Male  
☐ Other  
☐ Gender Unknown

**Age Grouping:** Age ranges based on the ages of the clients served by the program.

- |                                          |                                |                                      |
|------------------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Unborn Children | <input type="checkbox"/> 20-24 | <input type="checkbox"/> 75-84       |
| <input type="checkbox"/> 0-2 Years       | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 85-Over     |
| <input type="checkbox"/> 3-4 Years       | <input type="checkbox"/> 35-44 | <input type="checkbox"/> Age unknown |
| <input type="checkbox"/> 5-9Years        | <input type="checkbox"/> 45-54 |                                      |
| <input type="checkbox"/> 10-14 Years     | <input type="checkbox"/> 55-64 |                                      |
| <input type="checkbox"/> 15-19 Years     | <input type="checkbox"/> 65-74 |                                      |

**Race and Ethnicity:**

- ☐ American Indian or Alaska Native  
☐ Asian  
☐ Black or African American  
☐ Hispanic or Latino  
☐ Native Hawaiian or Other Pacific  
☐ Islander  
☐ White  
☐ Some Other Race  
☐ Two or More Races  
☐ Race/Ethnicity Unknown

**Hispanic or Latino Origin:**

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino  
☐ Hispanic or Latino Origin Unknown

**Education Level:** Highest (or current level of education) achieved by the clients served by the program. Measured at the client level as a count of clients.

- |                                                 |                                                |                                                 |                                                   |
|-------------------------------------------------|------------------------------------------------|-------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Less than Kindergarten | <input type="checkbox"/> Kindergarten          | <input type="checkbox"/> HS Diploma             | <input type="checkbox"/> Bachelors                |
| <input type="checkbox"/> 1 <sup>st</sup> Grade  | <input type="checkbox"/> 5 <sup>th</sup> Grade | <input type="checkbox"/> 9 <sup>th</sup> Grade  | <input type="checkbox"/> GED or equivalent        |
| <input type="checkbox"/> 2 <sup>nd</sup> Grade  | <input type="checkbox"/> 6 <sup>th</sup> Grade | <input type="checkbox"/> 10 <sup>th</sup> Grade | <input type="checkbox"/> Grad or Prof. Degree     |
| <input type="checkbox"/> 3 <sup>rd</sup> Grade  | <input type="checkbox"/> 7 <sup>th</sup> Grade | <input type="checkbox"/> 11 <sup>th</sup> Grade | <input type="checkbox"/> Post HS Technical Degree |
| <input type="checkbox"/> 4 <sup>th</sup> Grade  | <input type="checkbox"/> 8 <sup>th</sup> Grade | <input type="checkbox"/> 12 <sup>th</sup> Grade | <input type="checkbox"/> Ed. Level Unknown        |
|                                                 |                                                | <input type="checkbox"/> Some College-No Degree |                                                   |
|                                                 |                                                | <input type="checkbox"/> Associates             |                                                   |

**Household Composition:** Type of household the clients(s) served in the program are members of. Measured at the household level as a count of households/families.

- ☐ Single Parent/Caregiver Family Household with children (no grandparent(s) present)  
☐ Two- Parent/Caregiver Family Household with children (no grandparent(s) present)  
☐ Family Household with grandparent(s) responsible for grandchild(ren) present  
☐ Other Family Household  
☐ Single Person Non-Family Household  
☐ Other Non-Family Household (other than single person)  
☐ Household Type Unknown

**Military Service:** Military service status of the clients served by the program. Measured at the client level as a count of clients.

- |                                                                      |                                                       |                                                  |                                           |                                         |
|----------------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|-------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Active Duty                                 | <input type="checkbox"/> Military dependents          | <input type="checkbox"/> Active Reserve          | <input type="checkbox"/> Inactive Reserve | <input type="checkbox"/> National Guard |
| <input type="checkbox"/> Veteran (discharge other than dishonorable) | <input type="checkbox"/> Discharged - Dishonorable    |                                                  |                                           |                                         |
| <input type="checkbox"/> Retired military                            | <input type="checkbox"/> Never served in the military | <input type="checkbox"/> Military status unknown |                                           |                                         |



DATE: \_\_\_\_\_

## RESPITE CARE OF SAN ANTONIO (RCSA) ASSESSMENT

Which RCSA programs have you and your family used? (select all that apply)

Daycare ☐ Parent's Night Out ☐ Virtual ☐ Mother's Day Out ☐ Family Day Out ☐

How many children in each of the age groups below have participated in RCSA programs?

0-2 \_\_\_\_\_ 3-4 \_\_\_\_\_ 5-8 \_\_\_\_\_ 15-17 \_\_\_\_\_

How many times have you used the services you circled above?

Daycare \_\_\_\_\_ Parent's Night Out \_\_\_\_\_ Virtual \_\_\_\_\_ Mother's Day Out \_\_\_\_\_ Family Day Out \_\_\_\_\_

Relationship of Person Completing Form?

Parent ☐ Guardian ☐ Foster Parent ☐ Other \_\_\_\_\_

Instructions: For each statement, please place a CHECK on the response that best described how the statement applies to you.					
<ul style="list-style-type: none"> <li>• Parent Stress Index (PSI)</li> <li>• Adult Adolescent Parent Index (AAPI)</li> <li>• Family Empowerment Scale (FES)</li> </ul>	Never	Almost Never	Occasionally	Almost All the Time	All the Time
1. I feel that I cannot handle things	5	4	3	2	1
2. My children do things that cause me to react negatively	5	4	3	2	1
3. I feel trapped by my parenting responsibilities	5	4	3	2	1
4. I'm never able to do things that I like to do	5	4	3	2	1
5. My children do things that are bothersome to me.	5	4	3	2	1
6. My efforts for my child are never enough	5	4	3	2	1
7. I feel confident in my ability to help my child grow and develop.	1	2	3	4	5
8. I am able to work with agencies and professionals to decide what services my child needs.	1	2	3	4	5
9. I feel I am a good parent.	1	2	3	4	5
10. Praising children is a good way to build their self-esteem	1	2	3	4	5



11. Children who learn to recognize feelings in others are more successful in life.	1	2	3	4	5
12. Parents expectations of their children should be high, but appropriate	1	2	3	4	5
13. Rewarding children's appropriate behavior is a good form of discipline	1	2	3	4	5
14. My opinion is just as important as professionals' opinions in deciding what services my child needs	1	2	3	4	5
15. I know what services my children/child needs	1	2	3	4	5
16. Children who bite others need to be bitten to teach them what it feels like	1	2	3	4	5
17. Children should never be hit	1	2	3	4	5
18. When I need help with problems in my family, I am able to ask for help from others	1	2	3	4	5
19. I make efforts to learn new ways to help my child grow and develop	1	2	3	4	5
20. Children learn violence through exposure.	1	2	3	4	5
21. I have a good understanding of my child's disorders.	1	2	3	4	5
22. Children who are spanked behave better than children who are not.	1	2	3	4	5

Are you currently working: YES ☐ NO ☐

Are you currently attending school: YES ☐ NO ☐

How did you hear about RSQA? Internet ☐ Attended Event ☐ Advertising ☐

Referred by another agency, (which agency) \_\_\_\_\_

Other (please provide source) \_\_\_\_\_

What do you hope to gain by participating in Respite Care of San Antonio services?

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Child (participant) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

\*\*\*\*\*Respite Care Accounting Office Use Only\*\*\*\*\*

Income Type	Documentation Received	Totals from above
Employment		\$
Social Security		\$
Child Support		\$
Government Assistance		\$
Other		\$
Total		\$

1. # persons in the household: \_\_\_\_\_
2. Gross annual income for the household: \_\_\_\_\_
3. Select the line below that corresponds to the household size and gross annual income.

-----Insert State Median Income and Federal Poverty form here-----

Poverty Guidelines, 48 Contiguous States (all states except AK and HI)

2021 Annual

Household/ Family Size	25%	50%	75%	100%	125%	133%	135%	138%	150%	175%	180%	185%	200%	225%	250%
1	\$3,220	\$6,440	\$9,660	\$12,880	\$16,100	\$17,130	\$17,388	\$17,774	\$19,320	\$22,540	\$23,184	\$23,828	\$25,760	\$28,980	\$32,200
2	\$4,355	\$8,710	\$13,065	\$17,420	\$21,775	\$23,169	\$23,517	\$24,040	\$26,130	\$30,485	\$31,356	\$32,227	\$34,840	\$39,195	\$43,550
3	\$5,490	\$10,980	\$16,470	\$21,960	\$27,450	\$29,207	\$29,646	\$30,305	\$32,940	\$38,430	\$39,528	\$40,626	\$43,920	\$49,410	\$54,900
4	\$6,625	\$13,250	\$19,875	\$26,500	\$33,125	\$35,245	\$35,775	\$36,570	\$39,750	\$46,375	\$47,700	\$49,025	\$53,000	\$59,625	\$66,250
5	\$7,760	\$15,520	\$23,280	\$31,040	\$38,800	\$41,283	\$41,904	\$42,835	\$46,560	\$54,320	\$55,872	\$57,424	\$62,080	\$69,840	\$77,600
6	\$8,895	\$17,790	\$26,685	\$35,580	\$44,475	\$47,321	\$48,033	\$49,100	\$53,370	\$62,265	\$64,044	\$65,823	\$71,160	\$80,055	\$88,950
7	\$10,030	\$20,060	\$30,090	\$40,120	\$50,150	\$53,360	\$54,162	\$55,366	\$60,180	\$70,210	\$72,216	\$74,222	\$80,240	\$90,270	\$100,300
8	\$11,165	\$22,330	\$33,495	\$44,660	\$55,825	\$59,398	\$60,291	\$61,631	\$66,990	\$78,155	\$80,388	\$82,621	\$89,320	\$100,485	\$111,650
9	\$12,300	\$24,600	\$36,900	\$49,200	\$61,500	\$65,436	\$66,420	\$67,896	\$73,800	\$86,100	\$88,560	\$91,020	\$98,400	\$110,700	\$123,000
10	\$13,435	\$26,870	\$40,305	\$53,740	\$67,175	\$71,474	\$72,549	\$74,161	\$80,610	\$94,045	\$96,732	\$99,419	\$107,480	\$120,915	\$134,350
11	\$14,570	\$29,140	\$43,710	\$58,280	\$72,850	\$77,512	\$78,678	\$80,426	\$87,420	\$101,990	\$104,904	\$107,818	\$116,560	\$131,130	\$145,700
12	\$15,705	\$31,410	\$47,115	\$62,820	\$78,525	\$83,551	\$84,807	\$86,692	\$94,230	\$109,935	\$113,076	\$116,217	\$125,640	\$141,345	\$157,050
13	\$16,840	\$33,680	\$50,520	\$67,360	\$84,200	\$89,589	\$90,936	\$92,957	\$101,040	\$117,880	\$121,248	\$124,616	\$134,720	\$151,560	\$168,400
14	\$17,975	\$35,950	\$53,925	\$71,900	\$89,875	\$95,627	\$97,065	\$99,222	\$107,850	\$125,825	\$129,420	\$133,015	\$143,800	\$161,775	\$179,750

2021 Monthly

Household/ Family Size	25%	50%	75%	100%	125%	133%	135%	138%	150%	175%	180%	185%	200%	225%	250%
1	\$268	\$537	\$805	\$1,073	\$1,342	\$1,428	\$1,449	\$1,481	\$1,610	\$1,878	\$1,932	\$1,986	\$2,147	\$2,415	\$2,683
2	\$363	\$726	\$1,089	\$1,452	\$1,815	\$1,931	\$1,960	\$2,003	\$2,178	\$2,540	\$2,613	\$2,686	\$2,903	\$3,266	\$3,629
3	\$458	\$915	\$1,373	\$1,830	\$2,288	\$2,434	\$2,471	\$2,525	\$2,745	\$3,203	\$3,294	\$3,386	\$3,660	\$4,118	\$4,575
4	\$552	\$1,104	\$1,656	\$2,208	\$2,760	\$2,937	\$2,981	\$3,048	\$3,313	\$3,865	\$3,975	\$4,085	\$4,417	\$4,969	\$5,521
5	\$647	\$1,293	\$1,940	\$2,587	\$3,233	\$3,440	\$3,492	\$3,570	\$3,880	\$4,527	\$4,656	\$4,785	\$5,173	\$5,820	\$6,467
6	\$741	\$1,483	\$2,224	\$2,965	\$3,706	\$3,943	\$4,003	\$4,092	\$4,448	\$5,189	\$5,337	\$5,485	\$5,930	\$6,671	\$7,413
7	\$836	\$1,672	\$2,508	\$3,343	\$4,179	\$4,447	\$4,514	\$4,614	\$5,015	\$5,851	\$6,018	\$6,185	\$6,687	\$7,523	\$8,358
8	\$930	\$1,861	\$2,791	\$3,722	\$4,652	\$4,950	\$5,024	\$5,136	\$5,583	\$6,513	\$6,699	\$6,885	\$7,443	\$8,374	\$9,304
9	\$1,025	\$2,050	\$3,075	\$4,100	\$5,125	\$5,453	\$5,535	\$5,658	\$6,150	\$7,175	\$7,380	\$7,585	\$8,200	\$9,225	\$10,250
10	\$1,120	\$2,239	\$3,359	\$4,478	\$5,598	\$5,956	\$6,046	\$6,180	\$6,718	\$7,837	\$8,061	\$8,285	\$8,957	\$10,076	\$11,196
11	\$1,214	\$2,428	\$3,643	\$4,857	\$6,071	\$6,459	\$6,557	\$6,702	\$7,285	\$8,499	\$8,742	\$8,985	\$9,713	\$10,928	\$12,142
12	\$1,309	\$2,618	\$3,926	\$5,235	\$6,544	\$6,963	\$7,067	\$7,224	\$7,853	\$9,161	\$9,423	\$9,685	\$10,470	\$11,779	\$13,088
13	\$1,403	\$2,807	\$4,210	\$5,613	\$7,017	\$7,466	\$7,578	\$7,746	\$8,420	\$9,823	\$10,104	\$10,385	\$11,227	\$12,630	\$14,033
14	\$1,498	\$2,996	\$4,494	\$5,992	\$7,490	\$7,969	\$8,089	\$8,269	\$8,988	\$10,485	\$10,785	\$11,085	\$11,983	\$13,481	\$14,979

**Board Contract Year 2022 Income Limit Eligibility Code Card  
for Child Care Services**

Effective October 1, 2021–September 30, 2022

<b>Gross Annual Income</b>									
<b>Family Size</b>	<b>100% FPG</b>	<b>150% FPG</b>	<b>175% FPG</b>	<b>185% FPG</b>	<b>200% FPG</b>	<b>55% SMI</b>	<b>75% SMI</b>	<b>80% SMI</b>	<b>85% SMI</b>
1	\$12,880	\$19,320	\$22,540	\$23,828	\$25,760	\$24,422	\$33,302	\$35,523	\$37,743
2	\$17,420	\$26,130	\$30,485	\$32,227	\$34,840	\$31,936	\$43,549	\$46,453	\$49,356
3	\$21,960	\$32,940	\$38,430	\$40,626	\$43,920	\$39,451	\$53,796	\$57,383	\$60,969
4	\$26,500	\$39,750	\$46,375	\$49,025	\$53,000	\$46,965	\$64,043	\$68,313	\$72,582
5	\$31,040	\$46,560	\$54,320	\$57,424	\$62,080	\$54,479	\$74,290	\$79,243	\$84,196
6	\$35,580	\$53,370	\$62,265	\$65,823	\$71,160	\$61,994	\$84,537	\$90,173	\$95,809
7	\$40,120	\$60,180	\$70,210	\$74,222	\$80,240	\$63,403	\$86,458	\$92,222	\$97,986
8	\$44,660	\$66,990	\$78,155	\$82,621	\$89,320	\$64,812	\$88,380	\$94,272	\$100,164
9	\$49,200	\$73,800	\$86,100	\$91,020	\$98,400	\$66,221	\$90,301	\$96,321	\$102,341
10	\$53,740	\$80,610	\$94,045	\$99,419	*	\$67,630	\$92,222	\$98,370	\$104,519
11	\$58,280	\$87,420	\$101,990	*	*	\$69,039	\$94,144	\$100,420	\$106,696
12	\$62,820	\$94,230	*	*	*	\$70,448	\$96,065	\$102,469	\$108,874
13	\$67,360	\$101,040	*	*	*	\$71,857	\$97,986	\$104,519	\$111,051
14	\$71,900	\$107,850	*	*	*	\$73,265	\$99,907	\$106,568	\$113,228
15	\$76,440	\$114,660	*	*	*	\$74,674	\$101,829	\$108,617	\$115,406
<b>Gross Monthly Income</b>									
<b>Family Size</b>	<b>100% FPG</b>	<b>150% FPG</b>	<b>175% FPG</b>	<b>185% FPG</b>	<b>200% FPG</b>	<b>55% SMI</b>	<b>75% SMI</b>	<b>80% SMI</b>	<b>85% SMI</b>
1	\$1,073	\$1,610	\$1,878	\$1,986	\$2,147	\$2,035	\$2,775	\$2,960	\$3,145
2	\$1,452	\$2,177	\$2,540	\$2,686	\$2,903	\$2,661	\$3,629	\$3,871	\$4,113
3	\$1,830	\$2,745	\$3,203	\$3,386	\$3,660	\$3,288	\$4,483	\$4,782	\$5,081
4	\$2,208	\$3,312	\$3,865	\$4,085	\$4,417	\$3,914	\$5,337	\$5,693	\$6,049
5	\$2,587	\$3,880	\$4,527	\$4,785	\$5,173	\$4,540	\$6,191	\$6,604	\$7,016
6	\$2,965	\$4,448	\$5,189	\$5,485	\$5,930	\$5,166	\$7,045	\$7,514	\$7,984
7	\$3,343	\$5,015	\$5,851	\$6,185	\$6,687	\$5,284	\$7,205	\$7,685	\$8,166
8	\$3,722	\$5,582	\$6,513	\$6,885	\$7,443	\$5,401	\$7,365	\$7,856	\$8,347
9	\$4,100	\$6,150	\$7,175	\$7,585	\$8,200	\$5,518	\$7,525	\$8,027	\$8,528
10	\$4,478	\$6,717	\$7,837	\$8,285	*	\$5,636	\$7,685	\$8,198	\$8,710
11	\$4,857	\$7,285	\$8,499	*	*	\$5,753	\$7,845	\$8,368	\$8,891
12	\$5,235	\$7,853	*	*	*	\$5,871	\$8,005	\$8,539	\$9,073
13	\$5,613	\$8,420	*	*	*	\$5,988	\$8,166	\$8,710	\$9,254
14	\$5,992	\$8,987	*	*	*	\$6,105	\$8,326	\$8,881	\$9,436
15	\$6,370	\$9,555	*	*	*	\$6,223	\$8,486	\$9,051	\$9,617

\* Indicates income that exceeds 85 percent of SMI for a family of the same size. Families at these income levels are not eligible for child care that is paid for through the federal Child Care and Development Fund.

Sources: US Department of Health and Human Services, “Annual Update of the HHS Poverty Guidelines,” *Federal Register*, Vol. 86, No. 19, published February 1, 2021

US Department of Health and Human Services, “State Median Income Estimates for Optional Use in FY 2021 and Mandatory Use in FY 2022,” LIHEAP-IM-2021-03, published July 1, 2021