

Ohio Department of Children and Youth
**POST ADOPTION SPECIAL SERVICES SUBSIDY (PASSS) RESPITE PROVIDER
INFORMATION**

This form is to be completed to identify the respite provider(s) for your child for approval of payment.

- This form is to be submitted when applying for PASSS respite care funds.
- This form is to be submitted any time a new respite provider is identified during the current PASSS fiscal year for your child.
- Respite providers cannot reside in the same home as the child.
- If you have more than three respite providers, a second form will need to be completed and submitted.
- This form must be accompanied with a completed W-9 Internal Revenue Request for Taxpayer Identification Number and Certification for the payee of the respite funding.
- PASSS funds can only be used for a camp with staff trained to work with youth with special needs or if a special needs curriculum is used by staff. Contact DCY at PASSS@childrenandyouth.ohio.gov to confirm a camp can be utilized for respite care prior to submission of this form.

The completed form should be emailed to PASSS@childrenandyouth.ohio.gov.

ADOPTIVE FAMILY INFORMATION	
Name of Child: <i>Enter the first and last name of the child.</i>	
First	Last
Date of Birth of Child: <i>Enter the child's birth month, day, and year in the following format 00/00/0000.</i>	
Date of Birth	
Name of Adoptive Parent(s): <i>Enter the first and last name of the adoptive parent(s).</i>	
First	Last
First	Last
Address of Adoptive Parent(s): <i>Enter the address of the adoptive parent(s) including number, street, city, state and zip code.</i>	
Address of Adoptive	
Telephone Number of Adoptive Parent(s): <i>Enter the primary telephone number of the adoptive parent(s) including area code.</i>	
Telephone Number	
Email Address of Adoptive Parent(s): <i>Enter the primary email address of the adoptive parent(s).</i>	
Email Address	
Is the adoptive parent to be reimbursed for respite care services provided?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
* If you answered yes, a completed W-9 by the parent who will be reimbursed is required to be submitted.	

RESPITE PROVIDER #1

Name of Respite Provider: *Enter the first and last name of the respite provider*

Address of Respite Provider: *Enter the primary address of the respite provider*

City, State & Zip Code: *Enter the address of the respite provider including number, street, city, state, and zip code.*

Phone # of Respite Provider: *Enter the primary telephone number of the respite provider including area code.*

Email of Respite Provider: *Enter the primary email address of the respite provider.*

Does the Respite Provider have any specialized qualifications (medical qualifications, specialized training, etc.) to meet the needs of the child? Yes No

If yes, identify the qualifications

Is the Respite Provider a Relative?

Yes No

Will the Respite Provider be paid directly by PASSS?

Yes No

If yes, how are the child's needs best addressed by this relative respite provider?

***** If you answered yes, a completed W-9 by respite provider is required.**

RESPITE PROVIDER #2

Name of Respite Provider: *Enter the first and last name of the respite provider*

Address of Respite Provider: *Enter the primary address of the respite provider*

City, State & Zip Code: *Enter the address of the respite provider including number, street, city, state, and zip code.*

Phone # of Respite Provider: *Enter the primary telephone number of the respite provider including area code.*

Email of Respite Provider: *Enter the primary email address of the respite provider.*

Does the Respite Provider have any specialized qualifications (medical qualifications, specialized training, etc.) to meet the needs of the child? Yes No

If yes, identify the qualifications

Is the Respite Provider a Relative?

Yes No

Will the Respite Provider be paid directly by PASSS?

Yes No

If yes, how are the child's needs best addressed by this relative respite provider?

RESPITE PROVIDER #3

Name of Respite Provider: *Enter the first and last name of the respite provider*

Address of Respite Provider: *Enter the primary address of the respite provider*

City, State & Zip Code: *Enter the address of the respite provider including number, street, city, state, and zip code.*

Phone # of Respite Provider: *Enter the primary telephone number of the respite provider including area code.*

Email of Respite Provider: *Enter the primary email address of the respite provider.*

Does the Respite Provider have any specialized qualifications (medical qualifications, specialized training, etc.) to meet the needs of the child? Yes No

If yes, identify the qualifications

Is the Respite Provider a Relative?

Yes No

Will the Respite Provider be paid directly by PASSS?

Yes No

If yes, how are the child's needs best addressed by this relative respite provider?