

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](mailto: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](mailto:PASSS@childrenandyouth.ohio.gov).**

<b>ADOPTIVE FAMILY INFORMATION</b>	
<b>Name of Child:</b> <i>Enter the first and last name of the child.</i>	
First	Last
<b>Date of Birth of Child:</b> <i>Enter the child's birth month, day, and year in the following format 00/00/0000.</i>	
Date of Birth	
<b>Name of Adoptive Parent(s):</b> <i>Enter the first and last name of the adoptive parent(s).</i>	
First	Last
First	Last
<b>Address of Adoptive Parent(s):</b> <i>Enter the address of the adoptive parent(s) including number, street, city, state and zip code.</i>	
Address of Adoptive	
<b>Telephone Number of Adoptive Parent(s):</b> <i>Enter the primary telephone number of the adoptive parent(s) including area code.</i>	
Telephone Number	
<b>Email Address of Adoptive Parent(s):</b> <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	
<b>* If you answered yes, a completed W-9 by the parent who will be reimbursed is required to be submitted.</b>	

## 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?