



# Navy EFMP Respite Care

## In-Home Respite Service Provider Interest Form



Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Please Attach:**

- 3 Letters of Recommendation
- Written Overview of your relevant experience (1-2 pages)
- Submit your Complete Interest Packet:
  - 1. Via Email [myrespitecare@ymca.org](mailto:myrespitecare@ymca.org)
  - 2. Via fax at (619) 584-5121
  - 3. Via mail: Navy EFMP Respite Care,  
3333 Camino del Rio South, Ste 400,  
San Diego, CA 92108

**Professional Development**

Degree/Diploma/License Earned:  High School  AA/AS  BA/BS  MA/MS  RN  LVN

College/University: \_\_\_\_\_

Emphasis: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

I am currently attending college to earn a degree in: \_\_\_\_\_

**Relevant College Courses (Check All That Apply)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Early Childhood Education | <input type="checkbox"/> Child Psychology  | <input type="checkbox"/> Elementary Education   |
| <input type="checkbox"/> Special Education         | <input type="checkbox"/> Nursing           | <input type="checkbox"/> Therapeutic Recreation |
| <input type="checkbox"/> Social Work               | <input type="checkbox"/> Human Development | <input type="checkbox"/> Abnormal Psychology    |

Other: \_\_\_\_\_

**Other Languages Spoken (Check All That Apply)**

- |   |                                  |                                     |
|---|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Spanish                | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Somali  | <input type="checkbox"/> Russian    |

Other: \_\_\_\_\_

\*Respite Service Providers must speak, read, and write English to communicate effectively, complete required trainings, and respond to written requests for information.

**Service Areas (Check All Areas You Are Willing to Serve)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> North County Coastal | <input type="checkbox"/> North County Inland | <input type="checkbox"/> South Bay     |
| <input type="checkbox"/> Central San Diego    | <input type="checkbox"/> East County         | <input type="checkbox"/> Temecula Area |
| <input type="checkbox"/> North Camp Pendleton |  |  |

**Volunteer or Work Experience (Check All That Apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Typically Developing Children | <input type="checkbox"/> Autism                   | <input type="checkbox"/> Visual impairments         |
| <input type="checkbox"/> Children with special needs   | <input type="checkbox"/> Cerebral Palsy disorders | <input type="checkbox"/> Developmental Delays       |
| <input type="checkbox"/> Physical impairments          | <input type="checkbox"/> Behavior disorders       | <input type="checkbox"/> Medically fragile children |
| <input type="checkbox"/> Hearing impairments           | <input type="checkbox"/> Seizure disorders        | <input type="checkbox"/> Other: _____               |

**Please check the days and list the hours (in increments of 2 or more hours) that you are available to provide respite services.**

**For example:**

<input type="checkbox"/> Monday 8AM – 4PM	<input type="checkbox"/> Tuesday Before 2PM	<input type="checkbox"/> Wednesday After 4PM	<input type="checkbox"/> Thursday 6PM – 8PM	<input type="checkbox"/> Friday 6PM – 8PM	<input type="checkbox"/> Saturday 8AM – 2PM	<input type="checkbox"/> Sunday FULL
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**List your available hours below:**

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
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What method of reliable transportation do you use? \_\_\_\_\_

Internet access is a requirement of Respite Service Providers. Do you have Internet Access?  Yes  No

**If you are selected for screening, please bring current Pediatric CPR & First Aid Certifications, as well as a copy of your degree/license for any relevant education.**

OFFICE USE ONLY

Date Received \_\_\_\_\_ MRCP Staff \_\_\_\_\_

- Pre Assessment:  Complete Interest Form  3 Letters of Recommendation  Written Overview  Screening  
 CPR/1<sup>st</sup> Aid  Copy of Degree (optional)  Copy of Nursing License (optional)  Fingerprinting Clearance  
 Child Abuse Awareness  Program Overview  Registration Form/Provider Intake Form