



# Planned Respite Program

in conjunction with the Luzerne County Mental Health and Developmental Services and the System of Care Initiative

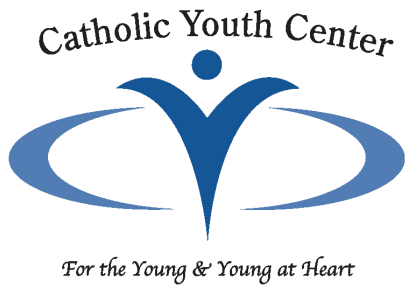


## Get Relief with Respite Care

**Monday - Friday  
(Overnights Available)**

The Wyoming Valley CYC, in collaborative partnership with Luzerne County Mental Health and Developmental Services (LCMHDS), and the LCMHDS System of Care, will be operating a planned respite program for all **children ages 5 - 13**, with an emphasis on those who are actively receiving mental health services. The program will provide care to families in Luzerne/Wyoming Counties who do not have resources or natural supports to assist in caring for a child. The Planned Respite Program will provide a temporary relief for parents or caregivers giving them the ability to relieve stress, restore energy and look after their own well-being.

During respite the child can expect to relax and enjoy child centered activities in a well supervised setting. The children will participate in regular CYC age-appropriate programming along with other CYC participants. Activities will be held in CYC child care classrooms, gymnasiums, playgrounds, outdoor park and swimming pool. Educational and social programs will be all inclusive with respite participants. Children will be incorporated into our existing school age childcare program. Meals will be provided each day. Breakfast, afternoon snack and dinner will be provided to all participants.



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**What is the CYC Planned Respite Program?** Planned Respite is for children ages 5 - 13, who are actively receiving mental health services. This program will provide care to families in Luzerne/Wyoming Counties who do not have resources or natural supports to assist in caring for a child. The Planned Respite Program will provide a temporary relief for parents or caregivers, giving them the ability to relieve stress, restore energy and look after their own well-being. **This program offers flexible hours Monday - Friday. Overnights are available.**

**What will my child be doing during the CYC Planned Respite Program?**

- ◆ During respite the child can expect to relax and enjoy child centered activities in a well supervised setting. The children will participate in regular CYC age appropriate programming along with other participants. Educational and social programs will be all inclusive with respite participants.
- ◆ Activities will be held in child care classrooms, gymnasiums, playgrounds, outdoor park, relaxation center, and swimming pool.

**What does my child need to bring to the CYC Respite Program?**

- ◆ **Part Time:** Comfortable clothing, sneakers, swimsuit & swim towel (Not Required)
- ◆ **Full Time/Overnight:** Same as above with the addition of pillow & blanket, sleep wear, change of clothes, and toiletries (soap, shampoo, toothbrush/toothpaste, towel).

**How do I enroll my child in the CYC Planned Respite Program?**

To become registered, participants must be referred by either Luzerne County Mental Health and Developmental Services, Luzerne County Children and Youth or any other child serving system provider. Once a referral is submitted and accepted the CYC will contact the family to complete the enrollment process. **The CYC must be notified at least 24 hrs. in advance to ensure services can be provided. For more information please contact Ryan Smith, Program Executive at [rsmith@cycwb.org](mailto:rsmith@cycwb.org) or 570-823-6121 ext. 270.**



# Planned Respite Referral Form

Child's Name		Date of Birth
Address		
School/Day Program	School District	
Contact Person	Phone	
Current Grade	Fax	
Mother's Name/Legal Guardian		Cell Phone
Address		Home Phone
Address		Email Address
Father's Name/Legal Guardian		Cell Phone
Address		Home Phone
Address		Email Address
Emergency Contact Person(s) (not living at child's address)		Telephone Number when child is in respite
(2) Emergency Contact Person(s) (not living at child's address)		Telephone Number when child is in respite
Primary Care Physician	Phone	
Address	Allergies (Including Medication Reaction)	
Special Disabilities (If Any)	Medication, Special Conditions	
Medical or Dietary Information necessary in an Emergency Situation		
Additional Information on Special Needs of Child	Does Your Child Have an IEP/IFSP?	
Health Insurance Coverage for Child or Medical Assistance Benefits	Policy Number (Required)	

Contact Information for Service Provider/Referral Source		
Name	Agency	
Title	Program	
Address	Phone	
On-Call #	Email	
<p><b>By signing below, I acknowledge that this information will be used by the CYC so we can best meet the needs of the registrant.</b></p>		
Signature of Person Completing Form (Mental Health Provider)	Relationship to Child	Date