



233 Fulton St E | Ste 124
 Grand Rapids, MI 49503
 Telephone 616.956.3488
 Fax 616.272.4484

Member Respite Assistance Application Form **Date:** _____

The Down Syndrome Association of West Michigan has established a Respite Assistance Fund to help DSAWM members meet financial obligations related to respite care for their children with Down syndrome. Payment will be made in the form of reimbursement to the member after proof of payment has been shown.

Reimbursement of 100% of total costs, not to exceed an annual amount of \$200 per child with Down syndrome, may be approved for Members in Good Standing (see below). Prior to approval of your application, membership and volunteer requirements must be met. Please contact the DSAWM Administrative Assistant at 616-956-3488 with questions regarding these requirements.

Funding is available on a first-come, first-serve basis. Once funds have been exhausted, no additional funding will be available in the current year.

To Qualify for Funding, an Applicant Must Meet the Following Requirements:

- Live in the West Michigan service area as defined by the Board of Directors
- Be a *Member in Good Standing* for a minimum of one (1) year
- Be a current year voting member
- Provide a minimum of two (2) hours of volunteer service in the year assistance is requested

Please complete and mail this form to the address in the top right corner of this form. A copy of the provider invoice or statement of payment must be included. Thank you!

Name & Age of Individual with DS _____

Parent/Guardian Name(s) _____

Street Address _____

City/State/ZIP _____

Phone Number _____ E-mail Address _____

Respite Provider _____ Amount Requested \$ _____

As a *Member in Good Standing*, I Am Involved with the DSAWM in At Least Two (2) of the Following:

- | | |
|--|--|
| _____ Attend Workshops/Conference | _____ Attend School-Age Programs |
| _____ Attend Step UP for Down Syndrome | _____ Attend Young Adult/Adult Programs |
| _____ Attend Member Gatherings | _____ Attend Playgroups or Parent Coffee |
| _____ Attend Early Stage Programs | _____ DSAWMF or Financial Contribution |

I Have Volunteered for a Minimum of Two (2) Hours in the Following Areas:

- | | |
|--------------------------------|--|
| _____ Event/Activity Volunteer | _____ Office Support |
| _____ Board/Committee Member | _____ Parents for Parents Veteran Parent |
| _____ Translator | _____ Other _____ |

Thank you! Your request will be considered, and reimbursement will be made upon approval by DSAWM staff.

By signing, you acknowledge that the above is correct to the best of your knowledge Date _____

DSAWM Office Use Only		
_____ Membership Current	_____ West Michigan Resident	_____ Member in Good Standing
_____ Volunteer Hours Met	_____ Provider Invoice Included	_____ Proof of Payment Included
_____ Amount Approved	_____ Approval Signature and Date	