



RESPIRE CARE SERVICE / OTHER ACTIVITIES

Name: _____

Dates - From: _____ To: _____

Name Of Service / Activity Centre: _____

Address: _____

Contact Name: _____

Phone: _____

Days Attending Day Placement: _____

Monday	Tuesday	Wednesday	Thursday	Friday
Saturday	Sunday	(Please Circle Applicable Day)		

What Needs To Be Taken: _____

Time to Be Dropped Off At Activity: _____

Time to Be Picked Up From Activity: _____

Other Service to Pick Up From Respite At: _____

Other Service to Drop Back At Respite At: _____

Additional Information:

I _____, understand that every effort will be made for me to attend other activities while in respite, however there will be times due to resources and time limitations that I will not be able to attend my these activities.

Signed: _____ Date: _____

Other Activities