Resources
for Exceptional Children and Youth

Referral for Dual Diagnosis Respite Funding

Families who feel that their child/youth qualifies for this funding, can complete and submit this form at any time. This form and supporting diagnostic information will be utilized to determine if criteria for funding is met. If child/youth meets the criteria for funding, family will receive an application to be completed for the next available funding period.

For more information about funding criteria, please visit www.rfecydurham.com.

Child's Name:	**Date of Birth (dd/mm/yy):**	**Gender:**
Home Address (including Postal Code):	**Parent1/Guardian 1 Name:**	
	Parent2/Guardian 2 Name:	
Telephone Number:	**Email Address:**	

If eligible, **I would like to receive my application by**: ☐ Email ☐ Mail

Child's Diagnoses:

Supporting Documents: ☐ Submitted to RFECY and on file **or** ☐ Attached

Custody:
☐ Two Parents/Guardians ☐ One Parent/Guardian ☐ Other (please describe):

Name(s):

Community Case Manager: *(if applicable)*

Agency: Contact Name: Telephone #:

I/We hereby certify that the information contained in this referral is accurate to the best of my/our knowledge and I/we hereby consent to review by Resources for consideration of funding.

Parent/Guardian 1 Signature: Date:

Parent/Guardian 2 Signature: Date:

Youth Signature (if applicable Date:

For Office Use Only:

Criteria Met: ☐ Added to Mailing List: ☐ Approved by: Date:

Please email this form to info@rfecydurham.com when complete