



TAKE A BREAK ON ASGA APPLICATION

Name of Parent/Guardian: _____

Please confirm that you are the primary caregiver/parent/guardian of the person on the autism spectrum who is seeking Take a Break support. Yes No

Name of Person with ASD: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ County: _____

Email: _____

I AM APPLYING FOR:

- Three hours of respite (@ \$14/hour)
Respite Care Provider Reimbursement Form is submitted to ASGA for payment after respite is provided.

Please choose one:

- Gift Giant Eagle gift card (@ \$35 value)
- Walmart gift card (@\$35 value)

PLEASE NOTE: Gift cards will be mailed weekly on Fridays.

PLEASE NOTE: Parents/Guardians are responsible for choosing and vetting their own caregiver. ASGA does not have a list of caregivers. At this time, several agencies providing waiver services have shut down. Your County Board of Developmental Disabilities (DD Board) Services and Support Administrator (SSA) may be able to connect you to caregivers willing to help. Call your DD Board and SSA for more information.

If you need help, call our Help Desk at 330-940-1441 x1. Other caregiver ideas may be your neighbor, teacher, relative, teacher’s aides or others in your circle of support (must be 18 or over).