



**APPLICATION**  
**Weekend Respite for Moms**  
**with kids on the spectrum**

**April 7 – 9, 2017**

**Application Deadline: March 23, 2017**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Education  HS  College  
 Master's  Other (pls specify) \_\_\_\_\_  
Marital status  Single  Married  Divorced  Separated  
 Widow  w/Partner  
Name & age of child with ASD \_\_\_\_\_  
Number of other children \_\_\_\_\_ Ages \_\_\_\_\_  
Do you consider yourself low income?  Yes  No  
Employer \_\_\_\_\_  
I need transportation  Yes  No  
I can help with driving  Yes  No  
Do you have any special needs that our staff should know about?  
If so, pls specify \_\_\_\_\_

Have you experienced any recent losses or deaths?  Yes  No  
If yes, please tell us.  
\_\_\_\_\_  
Why would you like to participate in this program? \_\_\_\_\_  
\_\_\_\_\_  
How did you find out about the Women's Respite Program?  
\_\_\_\_\_  
Who will be caring for your children while you are away?  
(This information **must** be filled in.)  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Note: We'd like you to stay for both nights. If that is not possible, we understand. You can always change your mind.  
I plan to stay  one night  two nights  don't know yet

I understand that the Women's Respite Program is not responsible for loss of property or personal injuries while participating in the program at Stella Niagara. I acknowledge that activities such as massage therapy, walking, etc. may involve certain risks of injury, and I am voluntarily participating in such activities at the retreat and assume all risks associated with my participation.

\_\_\_\_\_  
Your signature

Suggested donation: \$15 per person upon arrival. Check is payable to Women's Respite Program.

Please also complete the confidential health form.  
**Return this application and the health form by March 23, 2017 to**  
The Women's Respite Program  
1301 Ferry Ave  
Niagara Falls, NY 14301  
Or you can email to [womensrespite@yahoo.com](mailto:womensrespite@yahoo.com)

You are welcome to call with questions: 716/893-0931

You will be notified in the mail after March 23 regarding your acceptance into the program.