



# Special Needs PROGRAM

## Respite Care Policy

### **Purpose**

This policy establishes standards and guidelines for providing respite care under the **Special Needs Program** administered by the Mohawk Council of Akwesasne. The intent is to support caregivers of individuals with developmental, physical, behavioural, or medical support needs by offering planned and emergency respite services that promote caregiver wellbeing, family stability, and community inclusion.

### **Scope**

This policy applies to all individuals and caregivers receiving respite support through the Special Needs Program, including but not limited to:

- Children and youth with special needs
- Adults with developmental or physical disabilities
- Medically fragile or technology-dependent individuals
- Primary caregivers who are family members or legal guardians

### **Guiding Principles**

The Special Needs Program's respite care will:

1. **Respect cultural values, community norms, and Indigenous practices.**
2. **Center the dignity, safety, and wellbeing of both the individual and caregiver.**
3. **Promote equitable access** to services regardless of geographic or socioeconomic barriers.
4. **Provide flexibility** in service delivery to meet unique family and caregiver needs.
5. **Coordinate with existing Mohawk Council of Akwesasne respite frameworks** and funding sources where possible to avoid duplication and maximize benefit.

### **Eligibility Criteria**

An individual must meet one or more of the following to qualify for respite under this policy:

- Be registered with the Mohawk Council of Akwesasne Special Needs Program.
- Demonstrate ongoing, documented care requirements due to disability, medical complexity, or behavioural needs.
- Have an identified primary caregiver experiencing stress, burnout, or an inability to meet caregiving responsibilities without support.

### **Contact Information**

Phone | (613) 575-2341 ext. 3308

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In-person | Kanonhkwashterriio Health Facility, 31 Hilltop Drive, Akwesasne QC H0M 1A0



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## Types of Respite Services Covered

### In-Home Respite

A trained respite provider supports the individual within the community member's home, allowing the caregiver to take a break. Services can include personal care, supervision, and light homemaking.

### Day Habilitation Programming Support

(available in partnership with SRMT-Family Support)

Day habilitation programming available through the Saint Regis Mohawk Tribe, paid by the Special Needs Program for clients who are approved. Rates are set internally with billing disbursed from Mohawk Council of Akwesasne to the Saint Regis Mohawk Tribe directly.

### Emergency/Episodic Respite

Unplanned relief (i.e. heart attack, stroke, accident) crisis situations, subject to approval based on urgency and available resources.

Rates & Billing for Emergency/Episodic Respite Care are as follows;

*Financial assistance for an individual is available for new or expanding needs from one or all categories up to a maximum of \$25,000 throughout the fiscal year. Maximum allowable funding an applicant may receive for respite is below;*

<b>Respite/Caregiver</b>	<b>Respite Rate</b>
Trusted Independent Caregiver	\$30/hr
Specialized Caregiver w/Specialized Training	\$50/hr

*Financial assistance for respite care is at a maximum of \$20,000 in Canadian funds, pending funding availability as per the special needs policy.*

Proof of specialized training certificate due at time of application for respite services. Respite services will be billed monthly upon receipt of monthly invoice to the Special Needs Program.

### **Planning & Service Coordination**

Each eligible participant will have a **Care Plan** that:

- Identifies specific respite needs and frequency (e.g., weekly, monthly, seasonal).
- Establishes expected outcomes and goals (e.g., parent wellness, reduced stress).
- Names approved respite providers and any required training or supervision.

This care plan is designed to support respite caregivers in providing safe, consistent, and culturally respectful care to community members participating in the Special Needs Program.

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## Respite Care Plan

Please be sure to fill out the Special Needs Program– Respite/Caregiver Care Plan below;

<b>Client Information</b>	
Name:	
Date of Birth:	
Primary Diagnosis / Support Needs:	
Address:	
<b>Care Schedule &amp; Routine</b>	
Respite Dates/Times:	
Morning Routine:	
Afternoon Routine:	
Evening Routine:	
• Bedtime Routine:	
Trainings:	
Caregiver Goal:	
<b>Caregiver Acknowledgment</b>	
I have reviewed and understand the care plan and agree to follow all program guidelines and safety requirements.	
Caregiver Name:	
Signature:	
Date:	
<b>Parent/Guardian Approval</b>	
I have reviewed and approved the above noted person(s) to care for my special needs child(ren) and provide respite care during the times noted.	
Name:	
Signature:	
Date:	

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## Respite Provider Requirements

Respite providers must:

- Demonstrate appropriate training or experience in supporting individuals with special needs.
- Complete mandatory orientation on the Special Needs Program and Cultural Safety.

## Respite Rate

Financial assistance for an individual is available for new or expanding needs from one or all categories up to a maximum of \$25,000 throughout the fiscal year. Maximum allowable funding an applicant may receive for respite is below;

Respite/Caregiver Rates	Pay Scale	Check one:
General Respite Care	\$20.00/hr	
Specialized needs	\$25.00/hr	
Multiple Children Respite	\$25.00/hr	
<b>Weekend Rate for Respite/Caregiver Rates</b> <i>2 nights &amp; 2 days consecutively (All Day Saturday-Sunday)</i>		
Specialized Needs	\$500/weekend	
Infant less than 1 year of age	\$500/weekend	
Multi children respite together	\$500/weekend	

*Financial assistance for respite care is at a maximum of \$20,000 in Canadian funds, pending funding availability as per the special needs policy.*

## Funding and Coordination with Mohawk Council of Akwesasne Programs

Caregivers are encouraged to access applicable Mohawk Council of Akwesasne respite supports, including:

- Special Services at Home Program and Enhanced Respite for community members. Where possible, respite funding accessed through other programs within Mohawk Council will be coordinated to reduce duplication and enhance service continuity.

## Respite Funding Disbursement:

Respite funding provided through the Special Needs Program shall be distributed in scheduled monthly instalments rather than as a single disbursement. Monthly allocation of funds is intended to promote equitable access, support responsible financial management, and ensure continuity of services throughout the funding period.

This means, that the caregiver will need to submit monthly invoices with a description of the services provided to the individual with special needs. Failure to submit the monthly invoice will delay payment to the caregiver. All funding shall be utilized in accordance with approved program guidelines, and established reporting requirements.

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# Special Needs PROGRAM

## Re-applying for Respite Services

This page is strictly for applicant who have been receiving on-going respite services through the Department of Community and Social Services Special Needs Policy.

Client Name: \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Age: \_\_\_\_\_

FOR OFFICE USE ONLY:

FILE NUMBER: \_\_\_\_\_

Primary Caregiver Name: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Are you currently receiving respite services?

Yes       No

If yes, what amount are you already approved for? \$ \_\_\_\_\_

Reason for Re-applying

- Annual Renewal  
 Emergency/Episodic Respite Services  
 Other: \_\_\_\_\_

Please list current respite needs for client:

\_\_\_\_\_  
\_\_\_\_\_

### **Declaration and Consent**

I confirm that the information provided in this application is accurate and complete. I understand that this re-application will be reviewed by the Special Needs Program and approval is subject to program policy and available funding.

I understand that the caregiver listed above is responsible for submitting monthly invoices for the respite funding request above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## **Monitoring, Reporting & Quality Assurance**

Annually the Special Needs Program will ask for feedback on how we can improve as a program. The Special Needs Program will be looking for feedback for the following;

- Service uptake and caregiver satisfaction.
- Provider performance and qualifications.
- Fiscal sustainability of respite allocations.
- Gaps in service delivery and recommendations for improvement.

## **Confidentiality & Data Protection**

All personal health and care plan information will be handled according to existing Mohawk Council privacy policies and applicable law.

## **Definitions**

### **Respite Care**

Temporary, short-term relief provided to unpaid primary caregivers by a qualified individual. Respite care supports the individual with special needs either in-home or out-of-home, allowing caregivers time to rest, attend to personal matters, or manage other responsibilities.

### **Caregiver**

An unpaid individual, typically a parent, guardian, or family member, who provides ongoing physical, emotional, or supervisory support to a person with special needs.

### **Individual with Special Needs**

A child, youth, or adult who has congenital, developmental, physical, behavioural, or medical conditions that require ongoing care, supervision, or specialized support.

### **Primary Caregiver**

The main person responsible for the day-to-day care and wellbeing of an individual with special needs.

### **Respite Provider**

An individual approved by the Special Needs Program to deliver respite care services. This may include a trusted independent caregiver or a caregiver with specialized training and experience.

### **Trusted Independent Caregiver**

A caregiver selected by the family who is known to them and capable of providing basic supervision and care but may not have formal specialized training.

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## **Specialized Caregiver**

A caregiver who has formal training, certification, or demonstrated experience in supporting individuals with complex medical, developmental, or behavioural needs.

## **In-Home Respite**

Respite care provided within the individual's home environment, supporting continuity of routine and comfort.

## **Day Habilitation Programming**

Structured daytime support services that promote skill development, social inclusion, and independence, delivered in partnership with external service providers.

## **Emergency/Episodic Respite**

Short-notice or unplanned respite care provided during urgent or crisis situations (e.g., illness, accident, or caregiver emergency), subject to program approval and availability of resources.

## **Care Plan**

A documented plan outlining the individual's needs, routines, goals, approved respite schedule, and caregiver responsibilities to ensure consistent and safe care.

## **Cultural Safety**

An approach to care that respects and integrates Indigenous values, traditions, and community practices, ensuring that services are delivered in a manner that is respectful, inclusive, and free from discrimination.

## **Program Eligibility**

The set of criteria that must be met for an individual and caregiver to receive respite services under the Special Needs Program.

## **Funding Allocation**

The approved amount of financial assistance provided to support respite services within a defined fiscal year, subject to program limits and availability.

## **Monthly Invoice**

A required document submitted by the caregiver or provider detailing respite services delivered, including dates, hours, and type of care, for reimbursement purposes.

## **Service Coordination**

The process of planning, organizing, and monitoring respite services to ensure they align with the individual's needs, caregiver goals, and available program resources.

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