



**Respite Request Form**

This overnight, trauma-informed program is designed for an individual who may be experiencing an emotional crisis. This means something different to everyone: things such as a loss of a job, a miscarriage, needing a break from family, divorce, transition of home situation, etc. The individual (guest) is able to stay with us in our respite program for 6 nights and 7 days. The intention of this program is to allow the guest to rest, take a breath, regroup and recharge their batteries so that they are able to get back to the essentials of work, family, life, etc. While staying on-site, guests are able to participate in free peer support groups, community activities and more. All respite requests will be put on our wait list. Once we have a bed available, we will reach out to offer respite based on the direct needs of individuals on the list. Once you have been placed on the wait list, we ask that you stay connected with us every 2 days to keep us updated on your current situation. Once you reach the top of the list, and a bed becomes available, we will contact you to let you know. If we are unable to get in touch with you, and you do not respond to our message and/or email within two hours of that contact, we will move on to the next individual on the waiting list and offer the open bed to them and you will be removed from the waiting list. If you wish to re-join the waiting list after being removed, you will have to fill out a new request form.

Please print clearly

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Reason for requesting respite: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Printed Name: \_\_\_\_\_

MPS Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

Please deliver to the Residential Director at Monadnock Peer Support or email to: [MPS-SUSD@MonadnockPSA.org](mailto:MPS-SUSD@MonadnockPSA.org)