

APPLICATION FOR RESPITE CARE FOR CHILDREN AND ADULTS WITH DISABILITIES

For use of this form, see AR 608-75; the proponent agency is OACSIM

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 5, United States Code, Section 301.

PRINCIPAL PURPOSE: To identify specific disability of individual requiring respite care.

ROUTINE USES: To identify specific problems that individual with disability is experiencing and to determine type of care needed.

DISCLOSURE: Providing information is voluntary. Failure to provide information will result in disapproval of prospective respite care user's application.

SECTION A - IDENTIFYING AND RESOURCE INFORMATION

1. NAME *(Person with disability)* 2. NAME *(Parent, guardian, or responsible family member)*

3. BIRTHDATE *(YYYYMMDD)* 4. ADDRESS *(Include ZIP Code)* 5. TELEPHONE NUMBERS

HOME

MOTHER *(work)*FATHER *(work)*

6. EMERGENCY CONTACT *(Relative, friend, etc.) (Name, address and telephone number)*

IF THIS EMERGENCY CONTACT IS NOT AVAILABLE TO SUBSTITUTE FOR THE CAREGIVER IN AN EMERGENCY, PLEASE GIVE THE NAME, ADDRESS AND TELEPHONE NUMBER OF A PERSON WHO HAS AGREED TO BE AVAILABLE AND TO ACCEPT RESPONSIBILITY FOR THE PERSON WITH A DISABILITY IN THE EVENT YOU CANNOT BE REACHED.

7. LIST OTHER HOUSEHOLD MEMBERS

a. NAME

b. BIRTHDATE *(YYYYMMDD)*

8. PHYSICIAN *(Name, address and telephone no.)*

9. DENTIST *(Name, address and telephone no.)*

10. PREFERRED HOSPITAL *(Name and address)*

11. REGULAR PROGRAM ATTENDED BY INDIVIDUAL *(School, sheltered work, etc.)*

12. DESCRIPTIVE INFORMATION *(Individual with Disability)*

a. DESCRIBE INDIVIDUAL'S DISABILITY

b. DESCRIBE ANY CHRONIC MEDICAL PROBLEMS A CAREGIVER SHOULD BE AWARE OF

c. LIST ANY ALLERGIES

d. IS THERE A HISTORY OF SEIZURES *(If yes, what kind and how often)*

e. DESCRIBE ANY SPECIAL EQUIPMENT THE INDIVIDUAL USES *(Braces, wheelchair, etc.)*

f. INDIVIDUAL'S
HEIGHT

g. WEIGHT

h. INDICATE THE EXTENT TO WHICH THE INDIVIDUAL CAN DO ANY OF THE FOLLOWING:

USE TOILET

STAND

TRANSFER INDEPENDENTLY

WALK

TALK

FEED SELF

CLIMB STAIRS

BATHE SELF

DRINK FROM A GLASS

SIT UP ALONE

DRESS SELF

UNDERSTAND WORDS

SECTION B - INSTRUCTIONS FOR CARE AND/OR SUPERVISION

1. LIST ANY MEDICATION GIVEN REGULARLY AND THE PURPOSE FOR WHICH IT IS USED

2. DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING SPECIFIC MEDICAL CONDITIONS *(Seizures, allergies, etc.)*

3. DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING BODILY FUNCTIONS *(Toileting, transferring, mobility, feeding, etc.)*