

# 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 <i>(Person with disability)</i>	2. NAME <i>(Parent, guardian, or responsible family member)</i>
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3. BIRTHDATE <i>(YYYYMMDD)</i>	4. ADDRESS <i>(Include ZIP Code)</i>	5. TELEPHONE NUMBERS
		HOME
		MOTHER <i>(work)</i>
		FATHER <i>(work)</i>

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 <i>(YYYYMMDD)</i>

8. PHYSICIAN <i>(Name, address and telephone no.)</i>	9. DENTIST <i>(Name, address and telephone no.)</i>
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10. PREFERRED HOSPITAL <i>(Name and address)</i>	11. REGULAR PROGRAM ATTENDED BY INDIVIDUAL <i>(School, sheltered work, etc.)</i>
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## 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 <i>(If yes, what kind and how often)</i>		
e. DESCRIBE ANY SPECIAL EQUIPMENT THE INDIVIDUAL USES <i>(Braces, wheelchair, etc.)</i>	f. INDIVIDUAL'S HEIGHT	g. WEIGHT
h. INDICATE THE EXTENT TO WHICH THE INDIVIDUAL <u>CAN</u> 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	
<b>SECTION B - INSTRUCTIONS FOR CARE AND/OR SUPERVISION</b>		
1. LIST ANY MEDICATION GIVEN REGULARLY AND THE PURPOSE FOR WHICH IT IS USED		
2. DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING SPECIFIC MEDICAL CONDITIONS <i>(Seizures, allergies, etc.)</i>		
3. DESCRIBE SPECIAL INSTRUCTIONS FOR HANDLING BODILY FUNCTIONS <i>(Toileting, transferring, mobility, feeding, etc.)</i>		