

DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)
Individual Provider Respite Agreement

INDIVIDUAL'S NAME			
ADDRESS		CITY	STATE ZIP CODE
PARENT / GUARDIAN'S NAME		TELEPHONE NUMBER (WITH AREA CODE) ()	
WORK TELEPHONE (WITH AREA CODE) ()	EMERGENCY TELEPHONE / CELL (WITH AREA CODE) ()	BACKUP CAREGIVER TELEPHONE / CELL (IF PARENT / GUARDIAN UNAVAILABLE) ()	
ADDRESS		CITY	STATE ZIP CODE
Scheduled dates / times of respite			
FROM	TIME	TO	TIME
Part 1. To be completed by Respite Provider after reviewing application and talking with individual / family.			
Type of assistance that will be provided to take oral medications	<input type="checkbox"/> Staff will administer medications under Nurse Delegation. <input type="checkbox"/> Staff will keep medications secured and provide supervision for oral medications. <input type="checkbox"/> Staff will provide reminders for medications which will not be secured. <input type="checkbox"/> Individual does not have any oral medications.		
Type of assistance that will be provided to take topical medications and/or tube feeding	<input type="checkbox"/> Staff will administer topical medications / treatments / tube feeding under Nurse Delegation. <input type="checkbox"/> Staff will keep medications secured and provide supervision for topical medications. <input type="checkbox"/> Staff will provide reminders for topical medications which will not be secured. <input type="checkbox"/> Individual does not have any topical medications or tube feeding needs.		
Staff availability during day and evening within the home	<input type="checkbox"/> Dedicated staff some of the day / evening and staff always available nearby; may be shared with other individuals. <input type="checkbox"/> Dedicated staff some of the day / evening and staff always available in home / duplex; may be shared with other individuals. <input type="checkbox"/> Staff always available to individual in home.		
Supervision while in the community	<input type="checkbox"/> Staff will accompany individual in the community; may share supervision with other individuals. <input type="checkbox"/> Staff will accompany individual in the community; non-shared supervision. <input type="checkbox"/> Individual can safely access community without staff supervision.		
Supervision during nighttime	<input type="checkbox"/> Nighttime staff shared with nearby individuals, will check in at least hourly. <input type="checkbox"/> Staff based from respite home, shared with nearby individuals but never gone more than an hour. <input type="checkbox"/> Staff always available to individual in home.		
Activities to be offered / available within the home (check all that apply)	<input type="checkbox"/> Games <input type="checkbox"/> Puzzles <input type="checkbox"/> Cooking <input type="checkbox"/> Video games <input type="checkbox"/> Music <input type="checkbox"/> TV / Movies <input type="checkbox"/> Crafts <input type="checkbox"/> Internet access <input type="checkbox"/> Computer <input type="checkbox"/> Other (list):		
Items individual will bring for in-home entertainment			
Activities to be offered / available within the community (check all that apply)	<input type="checkbox"/> Library <input type="checkbox"/> Bowling <input type="checkbox"/> Walk in park / neighborhood <input type="checkbox"/> Out to eat <input type="checkbox"/> Shopping <input type="checkbox"/> Out to movies <input type="checkbox"/> Worship services <input type="checkbox"/> Other (list):		

Spending money / gift cards individual will bring for their cost of community events	<input type="checkbox"/> Ledger to be kept <input type="checkbox"/> Individual able to manage their own money, no ledger or receipts required	<input type="checkbox"/> Receipts to be kept <input type="checkbox"/> Individual able to manage their own money, no ledger or receipts required
Transportation to be provided during respite stay (check all that apply)	<input type="checkbox"/> Agency-owned vehicles <input type="checkbox"/> Generic public transportation <input type="checkbox"/> Walking to nearby areas	<input type="checkbox"/> Staff-owned vehicles <input type="checkbox"/> Specialized public transportation
Food preferences and/or allergies to be accommodated	<input type="checkbox"/> None <input type="checkbox"/> Diabetic <input type="checkbox"/> Other (list):	<input type="checkbox"/> Tube feeding only <input type="checkbox"/> Staff supervision and assistance while eating <input type="checkbox"/> Liquid / soft / puree diet
Necessary environmental safety accommodations	<input type="checkbox"/> None <input type="checkbox"/> Hoyer lift <input type="checkbox"/> List:	
Other items individual will bring with them (check all that apply)	<input type="checkbox"/> Medications <input type="checkbox"/> Wheelchair <input type="checkbox"/> Walker <input type="checkbox"/> Briefs <input type="checkbox"/> Toiletries <input type="checkbox"/> Other medical device / equipment:	
Overnight planned Respite Service Provider review and signature		
SIGNATURE OF PERSON COMPLETING FORM		DATE
		PRINTED NAME
Part 2. To be completed by parent / guardian / caregiver after reviewing Respite Agreement.		
Medication changes since initial respite application completed	<input type="checkbox"/> None <input type="checkbox"/> List:	
Health, behavioral or other changes since initial respite application completed	<input type="checkbox"/> None <input type="checkbox"/> List:	
Any other identified needs and/or changes required to respite agreement: <input type="checkbox"/> None <input type="checkbox"/> List:		
Signatures		
PARENT / GUARDIAN / CAREGIVER'S SIGNATURE		DATE
		PRINTED NAME
DDA CASE RESOURCE MANAGER'S SIGNATURE		DATE
		PRINTED NAME
PROVIDER'S SIGNATURE		DATE
		PRINTED NAME