

Respite Application

**for Overnight Planned Respite (OPRS),
Emergent and/or Planned Short-Term Stay Services at an RHC**

Please attach current DDA Assessment Details, valid DSHS consent form 14-012, and any other relevant information such as a PBSP, FA, Psychiatric evaluation, hospital records, etc. Upon completion, CRM Supervisor must submit to ARSC@dshs.wa.gov.

INDIVIDUAL'S NAME	ADSA ID	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH	AGE
NAME(S) INDIVIDUAL PREFERS TO BE CALLED				
Does this individual have a court appointed guardian? <input type="checkbox"/> Yes (if yes, complete the information below) <input type="checkbox"/> No				
NAME OF COURT APPOINTED GUARDIAN			GUARDIAN TELEPHONE (WITH AREA CODE) ()	
PARENT / PRIMARY CAREGIVER'S NAME			PRIMARY TELEPHONE (WITH AREA CODE) ()	
EMAIL ADDRESS		EMERGENCY TELEPHONE / CELL ()		
ADDRESS		CITY	STATE	ZIP CODE
INTERPRETER SERVICES <input type="checkbox"/> No <input type="checkbox"/> Yes; specify language:				
CURRENT LIVING STATUS				
<input type="checkbox"/> Family home		<input type="checkbox"/> Own home (Supported Living)		Receive respite post – stay survey:
<input type="checkbox"/> Hospital (admitted)		<input type="checkbox"/> Adult Family Home		<input type="checkbox"/> Via email
<input type="checkbox"/> Hospital emergency room		<input type="checkbox"/> Group Home		<input type="checkbox"/> Via paper
<input type="checkbox"/> Jail		<input type="checkbox"/> Psychiatric setting		
DDA CRM			TELEPHONE (WITH AREA CODE) ()	
Requested dates for planned respite / STS: Please include number of days utilized to date this calendar year including the number of days currently being requested.				
Type of Respite:				
<input type="checkbox"/> Overnight Planned Respite (please select specific location):				
<input type="checkbox"/> Spokane <input type="checkbox"/> Shoreline <input type="checkbox"/> Bellingham <input type="checkbox"/> Lynnwood <input type="checkbox"/> Tacoma <input type="checkbox"/> Olympia <input type="checkbox"/> Vancouver				
Total number of days utilized this calendar year: _____ days				
<input type="checkbox"/> RHC Planned Short-term Stay services (include in social summary if a specific RHC is being requested and why)				
Total number of days utilized this calendar year: _____ days				
<input type="checkbox"/> RHC Emergent Short-term Stay services (reference MB D20-029)				
DATES OF REQUESTED RESPITE / STS		TRANSPORTATION PROVIDED BY:		
to				
to				
to				
Dates are not finalized until request has been approved by respite committee.				

Social Summary (used for only emergent and planned STS)

Reason for request (please include resources used to date, alternatives explored, description of current behaviors, pertinent mental health information, and discharge plan):

Please check any behaviors the respite provider should be aware of:

- Anorexia
- Biting
- Bulimia
- Elopement
- Encopresis / enuresis
- Head banging
- Inappropriate sexual behaviors
- Loud vocalizations
- Physical aggression
- PICA
- Property destruction
- Self-injurious behaviors
- Sensory / noise / touch
- Verbal Aggression
- Wandering
- None
- Other

Support Needs

Daytime, nighttime, and community supervision needs (earshot, line of sight, how long can the individual be left alone in a secure area with activity). Please include any level of support needed for seizures or other medical supports:

Restrictions in place at current residence (door / window alarms, food restrictions, other):

Please describe any accessibility needs (ramp, roll-in shower, shower chair, Hoyer lift, etc.):

Describe what type of assistance is needed to take medications and/or apply medicated ointments or drops (including vitamins):

- Supervision only
- Medications administered via g-tube
- Individual does not have any oral / topical medications
- Verbal Prompts
- Other:
- Hand in cup
- Crushed in food
- Physical assistance

Backup Caregiver

This person should be available in the event of an emergency and the primary caregiver is unable to be reached.

NAME	RELATIONSHIP TO CLIENT	TELEPHONE (WITH AREA CODE) ()
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Other Information

List any other pertinent information including preferred activities, likes / dislikes, strengths, abilities: