



# Respite Program Intake Form

## Section One: General Information

1.1 Care Recipient Information		Date:	Family #
Last Name	First Name	Preferred/Other Name(s)	
Date of Birth Month / Day / Year	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Ethnicity (optional)	

1.2 Family Information			
Respite recipient's legal guardian's name:			
Care Recipient resides with <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Other (please specify below)			
Details of Living Arrangements if necessary:			
<b>Mother's Surname(if applicable)</b>		First Name	
E-Mail	Address	City/Town	Postal Code
Telephone:	Residence	Business	Alternate Telephone Number <input type="checkbox"/> No telephone
<b>Father's Surname ( if applicable)</b>		First Name	
E-Mail	Address	City/Town	Postal Code
Telephone:	Residence	Business	Alternate Telephone Number <input type="checkbox"/> No telephone
<b>Other Care Giver (if applicable)</b>		Relationship:	
Name:			
E-Mail	Address	City/Town	Postal Code
Telephone:	Residence	Business	Alternate Telephone Number <input type="checkbox"/> No telephone
<b>Background:</b> A brief description of living arrangements, education, health, routine. General picture or background that helps to describe the child.			



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### 1.3 Hours Requested: ensure this is explained as not guaranteed

Average (1-3 hours per week)	Medium (4-6 hours per week)	Maximum (7-10 hours per week)

### 1.4 Support Network

**A. Support Network: describe any current community, family/friends, agency supports the family is currently receiving or wishes to receive**


**B. Family Physician/ Pediatrician/ Nurse Practitioner (if applicable)**

Name	Telephone
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**C. Emergency Contacts**

Name	Relationship	Telephone/Cell	Address

### 1.5 Preferred Language and Type of Communication

**A. Preferred Language**

Language Spoken	Language Preferred
Interpreter Required <input type="checkbox"/> No <input type="checkbox"/> Yes	Interpreter is <input type="checkbox"/> Requested <input type="checkbox"/> Will be provided by family

**B. Type of Communication**

Barriers to Communication <input type="checkbox"/> No <input type="checkbox"/> Yes   If Yes, explain below



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### Section Two: Strengths and Needs

#### 2.1 Identification of Supports, Services and/or Assistance

**A. What areas of development would you like to have addressed with Respite Care?**

**B. What are the respite recipient's Likes and Dislikes?**

**C. What are the respite recipient's hobbies and interests? Does he/she currently participate in these activities? If not, why?**

**D. Are there activities that the respite recipient currently participates in with their community?**



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### 2.1 Identification of Supports, Services and/or Assistance Continued

**E. Is there any information such as a diagnosis, assessment results and/or observations that might be helpful for us to know and you would like to share to better help us support the recipient?**

**F. Will your respite worker require any additional/specific training (i.e. G-Tube, catheterization, inhalers, adaptive devices, social/ behavioural supports)?**

**G. Please describe any specific skills you would like to see with your respite worker (i.e. athletic to attend sports)? If a person is not available, with these skills, in your community would you still pursue respite?**



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### 3. Section Three: Profiles -

<b>3.1 Skill Profile</b>			
Does the person receiving respite have a delay or challenge in any of the following areas? According to normal development for the age of the recipient			
<b>Area</b>	<b>Yes</b>	<b>No</b>	<b>Brief Description</b>
Social Situations /Interactions			
Expressive Language			
Receptive Language			
Personal Safety			
Mobility			
Medical Fragility			
Personal Care			
Anxiety			
Inappropriate acting out			
Sensory Sensitivities			
Self-harm or Harm to others			

<b>3.2 Anxiety /Social /Sensory Profile –Domain 1</b>			
Does the recipient have a challenge in any of the following areas? Please indicate severity- Mild/Moderate/Severe			
<b>Area</b>	<b>Yes</b>	<b>No</b>	<b>Description – Be specific in details</b>
Changes to activities /schedules			
Specific sounds, textures, tastes			
Crowds			
Socializing/Interacting with others			



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Inappropriate acting out			
High levels of anxiety			
Awareness of danger / potential harm			
Men/Women			
Being touched			
Sharing/Ownership			
Transportation			

**Give some interventions utilized for these challenges / Comments**


**3.3 Health/ Medical/ Personal Care Profile – Domain 2**

Does the recipient have challenges in any of the following areas? (age appropriate)  
Mild/Moderate/Severe

Area	Yes	No	Description /Assistive devices/Protocol
Feeding self			
Walking /Mobility			
Gross Motor -catching a ball,			
Fine Motor - buttons, holding pencil			
Toileting			
Personal Hygiene-dressing ,washing			
Medication			



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Health conditions that prohibit participation			
<b>Comments</b>			

<b>3.4 Communication Profile –Domain 3</b>			
Does the recipient have challenges in any of the following areas? (age appropriate) Mild/Moderate/Severe			
Area	Yes	No	Description /Assistive devices/Protocol
Following simple direction			
Expressing needs and wants- either through verbal or augmented communication			
Understand and follow social cues			
Read			
Language development – age appropriate			
Become frustrated if not understood			
Identifying if in pain or discomfort			
<b>Comments</b>			



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## Additional Information
