

RESPITE APPLICATION

INFORMATION:

Name of Family Member: _____

Date of Birth: _____

Address: _____

Race: ____ Sex: ____ Height: _____ Weight: _____

Disability of Participant: _____

Please give a brief description of the participant's condition
and special needs: _____

Relation to Responsible Party: _____

RESPONSIBLE PARTY INFORMATION:

Name of Parent/Legal Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Pager: _____ E-mail: _____

PERSONS TO CONTACT IN CASE OF EMERGENCIES:

Name: _____ Phone Number: _____ Relation: _____

Does the participant have seizures? ____ yes ____ no If yes, please describe the seizure activity (include length and frequency) _____

Does anything ever occur to warn you of a seizure? Please describe. _____

What does the participant do after the seizure (for example, sleep)? _____

Does the participant use adaptive equipment? (eg communication device, wheelchair, etc)? Yes ____ No ____ If yes, please describe _____

For how long and at what times is this equipment used?

COMMUNICATION:

How does the participant communicate? Please check all that apply.

Can talk without difficulty ()

Can talk with some difficulty ()

Make sounds that are understandable to the parent ()

Uses sign language ()

Uses communication device ()

 Signboard ()

 Augmentative Communication ()

Communicates with facial expressions ()

Does not communicate ()

How well does the participant understand what is said to him/her?

Has no problem with understanding ()

Requires simple one or two step instructions ()

Needs gestures to understand ()

Doesn't understand language ()

Uses facial expression to understand ()

Other means of understanding ;

PERSONAL CARE NEEDS:

Mobility

Walks independently ()

Crawls ()

Uses walker or crutches ()

Walks with assistance ()

Use wheelchair independently ()

Can sit without wheelchair ()

Uses wheelchair with assistance ()

Requires transfer ()

Toileting

Independent ()

Bladder Control ()

Bowel Control ()

Needs assistance ()

Wears diapers/attends ()

Toilets on a schedule ()

Schedule _____

Does the participant have favorite foods? Please list.

Are there certain food or activities to avoid? Please list.

Name and ages of other siblings that will be attending.

I hereby confirm that the information given at the time of application is true to the best of my knowledge.

Signature of Parent

Date