



Please complete entire pkt. Note, some pages are back and front.

THE GULF COAST CENTER	Individual Name _____
IDD Provider of Services	Parent/LAR Name: _____
7000 Ave. B	Parent/LAR phone # _____
Santa Fe, Texas 77510	

**IDD RECIPIENT OF SERVICES / FAMILY PACKETS
(Respite - Provider Services)**

Dear Individual/Parent and/or Guardian,

Please place ***INITIALS in BOXES*** below of all ITEMS being returned.

FORMS TO BE COMPLETED (signed/dated) AND RETURNED:

- IDD Recipient of Services/Family Packets Respite - Provider (rev 11/2014) – this form.**
- IDD Individual Assessment (rev 11/2014) – used for both Contract/Weekend Respite (5 pgs)**
- Respite Plan (rev 11/2014)**
- GCC Release & Waiver of Liability & Assumption of Risk Agreement (rev 11/2011)**
- IDD Provider Services – OHR Services Program Policies (rev 11/2014).**
- IDD Annual Packet (includes the following) Sign/date each form.**
 - *Verbal Consent Form**
 - *Consent for Evaluation and Services**
 - *Complaint Process**
 - *Acknowledgement of Receipt of Notice of Privacy Practices**
 - *Rights Acknowledgement Form**
 - *All About Contract Respite (Contract respite services only)**

NOTE: If your child will be taking any medication while attending our Program, you will need to request the following forms from us that your Dr. will need to sign off on.

1. “Authorization for Administration of Medication”
2. “Consent for Treatment and Use of Over-the-Counter Medications”

This information will be shared with your Provider of choice.

Initial Boxes below:

- I understand and agree that it will be my responsibility to insure that the above mentioned documents are signed/dated and returned to The Gulf Coast Center Office located at 7000 Ave B, Santa Fe, Texas 77510 and that the Gulf Coast Center will not authorize any respite or community support services nor will issue any payments for services delivered until the original forms listed above are completed and returned.
- I understand that it will be my responsibility to insure all medication information is shared with the Respite/Community Support provider and the provider is kept current of any changes. Medication Administration Training will be required of all contract providers that will monitor or assist in the administration of medication to any individual receiving Respite and/or Community Support services.

123 ROSENBERG, SUITE 6
GALVESTON, TEXAS 77550

409.763.2373
FAX 409.763-5538

www.GulfCoastCenter.org



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KEEP FOR YOUR RECORDS:

- YOUR RIGHTS – In Local Authority Services – (6 pgs) two-sided
- DAY RESPITE SCHEDULE – (Sept. '2014 – Aug. '2015)
- MAP to Lone Oak Ranch (LOR) if mailed

_____/_____/_____
Print Name

Signature

Date

Please return Completed Packet in the Self Addressed Envelope provided.

**The Gulf Coast Center - IDD Provider of Services
Danielle Armknecht, Respite Program Supervisor.**

7000 Ave. B, Santa Fe, Texas 77510

(409) 944-4460 / (800) 615-4763 / (409) 944-4465-Direct / Fax# (409) 927-4308

daniellea@gulfcoastcenter.org

For Provider Use Only:

Date Packet Mailed: _____ Date Packet Receive: _____

**123 ROSENBERG, SUITE 6
GALVESTON, TEXAS 77550**

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(rev 11-2014)

Our mission is to enable and empower individuals and families to live quality lives

IDD Provider of Services Packet (cover letter) Respite