

# RESPITE PLAN

ANNUAL     UPDATE     Other: \_\_\_\_\_

## CONTRACT FOR SERVICE DELIVERY

This Respite Plan will be in effect from \_\_\_\_\_ to 08/31/2015 or except when a change in the individual's condition and/or treatment occurs.

Name \_\_\_\_\_ Case # \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

## EMERGENCY INFORMATION

Emergency Name & Phone # \_\_\_\_\_  
(not living with you)

Out of Area Contact Name/Number \_\_\_\_\_  
(in case of Hurricane evacuation if available)

Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone # \_\_\_\_\_

IDD SERVICE COORDINATOR (if applicable) \_\_\_\_\_  
IDD SERVICES RESPITE STAFF \_\_\_\_\_

## DETAIL ANY SPECIAL SERVICES TO BE PROVIDED (specify/circle if applies)

\*EATING ASSISTANCE

\* TOILETING

\*EXERCISING

\*ADAPTIVE AIDS

\*DIETARY NEEDS/CONCERNS BATHING

ROUTINE HAIR/SKIN CARE

DRESSING

TRANSFER/POSITIONING

### \*\*\*SPECIAL CARE/NEEDS/CONCERNS

Denote any special training required to address specific care or needs:

## INTERESTS

Specific areas of interests or activities individual may wish to participate in or enjoy while receiving respite services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Individuals with Service Coordination Contract respite

*NOTE; Contract Respite is a service provided to the caregiver by a provider that resides outside of the home of the family that is receiving the Respite services.*

### LIST ALL INDIVIDUALS LIVING IN YOUR HOUSEHOLD

NAME	RELATIONSHIP	AGE

- **Service package selected (Option \_\_\_\_\_)**
- **Note: No hours will be carried over to the next month.**

1<sup>st</sup> QTR (Sept./Oct./Nov.) Hrs per month \_\_\_\_\_ 2<sup>nd</sup> QTR (Dec./Jan./Feb.) Hrs per month \_\_\_\_\_  
 3<sup>rd</sup> QTR (March/April/May) Hrs per month: \_\_\_\_\_ 4<sup>th</sup> QTR (June/July/Aug.) Hrs per month: \_\_\_\_\_

Please list name(s) of your **Contract Respite Provider** – your selection may be from the Gulf Coast Center – Contract Respite Provider Pool or of your choosing. (**Please Print Names**):

- 1) \_\_\_\_\_ contact number (\_\_\_\_\_) \_\_\_\_\_
- 2) \_\_\_\_\_ contact number (\_\_\_\_\_) \_\_\_\_\_

If you need assistance or have any questions about the selection process of your Contract Respite Provider, please contact Deanna David @ 800-615-4763 or 409-944-4460.

**OFFICE USE ONLY**  
**Contract RESPITE PLAN REVIEWED BY:** \_\_\_\_\_  
 Christine Bahr, IDD Provider of Services, Respite Program Manager  
 (409) 944-4450 (or) 800-615-4763 ext. 19397. Email: ([christineb@gulfcoastcenter.org](mailto:christineb@gulfcoastcenter.org))

## Weekend Respite @ Lone Oak Ranch

I understand that by signing this plan that respite services are subject to availability and services are provided on a first come first serve basis. Services are not to exceed the quarterly allocated unit amount of selected service package. (**See Policy & Procedures for Times/Late Fees**)

- **Service package selected (Option - \_\_\_\_\_)**
- **# of weekend respite requesting for 1 year \_\_\_\_\_**

**(note - Weekend respite is available only 1 time per quarter, max 4 quarters/yr)**

1<sup>st</sup> Quarter \_\_\_\_\_ (Sept./Oct./Nov.) 2<sup>nd</sup> Quarter \_\_\_\_\_ (Dec./Jan./Feb.)  
 3<sup>rd</sup> Quarter \_\_\_\_\_ (March/April/May.) 4<sup>th</sup> Quarter \_\_\_\_\_ (June/July/Aug.)

### INDIVIDUALIZED EMERGENCY PLAN (Weekend Respite)

In cases where severe weather, hurricane watch is declared, facility staff will notify family members, guardians, LAR,s etc. listed under emergency contacts, to arrange for an immediate pick up of any individual receiving respite services. In instances of tornado or other immediate threats, such as chemical or bomb, center staff and respite participants will be moved to a safe location. Center staff will then follow The Gulf Coast Center Emergency Preparedness Plan procedures specific to threat. Please list below any additional measures or emergency evacuation needs of your individual receiving respite services.

\_\_\_\_\_  
 Parent/Guardian (Signature)

\_\_\_\_\_  
 Date

**OFFICE USE ONLY**  
**WEEKEND/DAY RESPITE PLAN REVIEWED BY:** \_\_\_\_\_  
 Danielle Armknecht, IDD Provider of Services, Respite Program Supervisor  
 (409) 944-4465 (or) 800-615-4763 ext. 19808. Email: ([daniellea@gulfcoastcenter.org](mailto:daniellea@gulfcoastcenter.org))

**Lone Oak Ranch – Weekend or Day Respite**

I understand that by signing this plan that respite services are subject to availability and services are provided on a first come first serve basis. Day Respite is limited to 6 hours on Saturdays from (9:00am – 3:00pm).

- # of Days / Weekends (circle one) respite requesting for 1 year  
 1<sup>st</sup> Quarter \_\_\_\_\_ (Sept./Oct./Nov.)    2<sup>nd</sup> Quarter \_\_\_\_\_ (Dec./Jan./Feb.)  
 3<sup>rd</sup> Quarter \_\_\_\_\_ (March/April/May.)    4<sup>th</sup> Quarter \_\_\_\_\_ (June/July/Aug.)

**Drop Off 9:00am – Pick Up no later than 3:00pm (day)  
Drop off 6:30pm (Friday) – Pick up no later than 4:30 pm (Sunday)**

**LATE PICK-UP FEE**

All families will be assessed a late pick-up fee of \$10.00 per quarter hour for each family member left at the facility after required Pick Up times (listed above). The fee will be assessed as follows:

**For Day respite:**

- 3:00 to 3:15 - \$10.00
- 3:15 – 3:30 - \$10.00 etc.

**For Weekend Respite:**

- 4:30 to 4:45 - \$10.00
- 4:45 to 5:00 - \$10.00
- 5:00 to 5:15 - \$10.00 ETC....

**INDIVIDUALIZED EMERGENCY PLAN (Weekend / Day Respite)**

In cases where severe weather, hurricane watch is declared, facility staff will notify family members, guardians, LAR,s etc. listed under emergency contacts, to arrange for an immediate pick up of any individual receiving respite services. In instances of tornado or other immediate threats, such as chemical or bomb, center staff and respite participants will be moved to a safe location. Center staff will then follow The Gulf Coast Center Emergency Preparedness Plan procedures specific to threat. Please list below any additional measures or emergency evacuation needs of your individual receiving respite services.

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/Zip

\_\_\_\_\_  
Phone

<b>OFFICE USE ONLY</b> <b>WEEKEND/DAY RESPITE PLAN REVIEWED BY:</b> _____ <b>Danielle Armknecht, IDD Provider of Services, Respite Program Supervisor</b> <b>(409) 944-4465 (or) 800-615-4763 ext. 19808.    Email: (<a href="mailto:daniellea@gulfcoastcenter.org">daniellea@gulfcoastcenter.org</a>)</b>
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## Contracted Respite – External Provider

- Amount of Contract Respite hours available per month \_\_\_\_.
- **Note: No hours will be carried over to the next month.**

Please list name(s) of your **Contract Respite Provider** – your selection may be from the Gulf Coast Center – Contract Respite Provider Pool or of your choosing. (**Please Print Names**):

- 1) \_\_\_\_\_ contact number (\_\_\_\_) \_\_\_\_\_
- 2) \_\_\_\_\_ contact number (\_\_\_\_) \_\_\_\_\_

If you need assistance or have any questions about the selection process of your Contract Respite Provider, please contact Deanna David @ 800-615-4763 or 409-944-4460.

*I am aware and I understand that it is prohibited to receive Respite Services from my Respite Provider if they reside in my residence. I understand it is my responsibility to furnish all equipment and supplies needed for the Respite Provider to perform their duties.*

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
City/Zip

\_\_\_\_\_  
Phone

### OFFICE USE ONLY

**Contract RESPITE PLAN REVIEWED BY:** \_\_\_\_\_

Christine Bahr, IDD Provider of Services, Respite Program Manager

(409) 944-4450 (or) 800-615-4763 ext. 19397. Email: ([christineb@gulfcoastcenter.org](mailto:christineb@gulfcoastcenter.org))