GULF COAST CENTER
MENTAL HEALTH • SUBSTANCE USE RECOVERY
INTELLECTUAL & DEVELOPMENTAL DISABILITIES

THE GULF COAST CENTER

IDD Provider of Services
7000 Ave. B
Santa Fe, Texas 77510

IDD RECIPIENT OF SERVICES / FAMILY PACKETS
(Respite and Community Support)

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 Packet Cover Letter – this form.**
- ☐ **IDD Individual Assessment – used for both Contract/Weekend Respite (5 pgs)**
- ☐ **IDD Respite Plan – used for both Contract/Weekend Respite (3pgs)**
- ☐ **Authorization for Administration of Medication. – (1 page)**
- ☐ **Consent for Treatment and Use of Over-the-Counter Meds. – (4 pgs)**
- ☐ **GCC Release & Waiver of Liability & Assumption of Risk Agreement**
- ☐ **IDD Provider Services – Out of Home Respite Services Program Policies (3 pgs)**
- ☐ **IDD Community Support-Emergency Information. – (1 page)**
- ☐ **All About Contract Respite (family/providers) (1 page)**

This information will be shared with your Provider of choice.
Initial Boxes below:

☐ **I understand that all respite services provided before receipt of the above mentioned documents to the Gulf Coast Center office will be my responsibility and that payments will not be made to the respite provider until original forms listed above are completed, signed/dated and returned to The Gulf Coast Center Office located at 7000 Ave B, Santa Fe, Texas 77510.**

☐ **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.**

_____/_____/_____
Print Name **Signature** **Date**

Please return Completed Packet in the Self Addressed Envelope provided.

The Gulf Coast Center - IDD Provider of Services
7000 Ave. B
Santa Fe, Texas 77510
(409) 944-4460 / (800) 615-4763 / Fax# (409) 927-4308

123 ROSENBERG, SUITE 6
GALVESTON, TEXAS 77550

409.763.2373
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www.GulfCoastCenter.org

For Provider Use Only:

☐ **Provider Pool List Sent to family. Date Packet Mailed: _____ Date Packet Receive: _____**

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