

IDD RESPITE PLAN

ANNUAL UPDATE
 GR Other: _____

Name _____ Case # _____
Address _____ City/Zip _____
Mailing Address _____ City/Zip _____
Phone (Home) _____ Phone (Work) _____
Phone (Cell) _____ Email: _____
Parent/Guardian _____

EMERGENCY INFORMATION

Emergency Name & Phone # _____
Out of Area Contact Name/Number _____
(in case of Hurricane evacuation if available)
Physician: _____ Phone # _____
Hospital: _____ Phone # _____
FIRE DEPT. 911 POLICE 911 EMS 911 POISON CONTROL 800-222-1222 _____
IDD SERVICE COORDINATOR/LIAISON _____

RESPITE SERVICES TO BE PROVIDED (specify)

BATHING	EATING ASSISTANCE	TOILETING
ROUTINE HAIR/SKIN CARE	DRESSING	EXERCISING
TRANSFER/POSITIONING		

LIST SPECIAL CARE/NEEDS OR ANY SPECIAL TRAININGS REQUIRED TO ADDRESS SPECIAL CARE

INTERESTS

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

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. (Complete section below only if using contract respite services)

LIST ALL INDIVIDUALS LIVING IN YOUR HOUSEHOLD

NAME	RELATIONSHIP	AGE

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 above 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 individual receiving respite services.

CONTRACT FOR SERVICE DELIVERY

This Respite Plan will be in effect from _____ to _____ or except when a change in the consumer’s condition and/or treatment occurs.

IDD provider - Internal Weekend 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. Services are not to exceed the quarterly allocated unit amount of selected service package.

- 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)

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

Contracted Respite – External Provider

- Service package selected (Option _____)
- Amount of contract respite hours available per quarter _____

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

IDD Provider-Internal Day Respite – Limited Respite Participants ONLY

(place X here if requesting this service). This service is available only for individuals on the Gulf Coast Center Interest list and is available in 4 hour blocks no more than 1 time per month. Additional day respite may be available throughout the year based on the demand of the service.

Please Read Carefully: I understand that selected service packages can only be changed on a quarterly basis and that unused units cannot be carried over from one quarter to the next In an emergency situation, the family or the provider will need to notify their designated GCC staff person to request emergency funds. All emergency respite funds must be authorized by the Emergency Respite Review Committee to assess the need and availability of necessary funding to meet the needs.

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.

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

1) _____ contact number (____) _____

2) _____ contact number (____) _____

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

Parent/Guardian (Print Name)

Date

Parent/Guardian (Signature)

Date

City/Zip

Phone

PLAN COMPLETED/REVIEWED BY:

Christine Bahr, IDD Provider of Services, Respite Program Manager

(409) 944-4450 (or) 800-615-4763 ext. 19397.

(christineb@gulfcoastcenter.org)

Signature

Date