

# Respite Intake Form (Oceanic Support Services)

## Section One: General Information

	<b>Date:</b>	<b>Family #</b>
Last Name	First Name	Preferred/Other Name(s)
Date of Birth <i>Month / Day / Year</i>	Sex <input type="checkbox"/> M <input type="checkbox"/> F	<i>Ethnicity (optional)</i>

### 1.2 Family Information

Respite recipient's legal guardian's name:

Care Recipient resides with  Mother  Father  Both Parents  Other (*please specify below*)

Details of Living Arrangements if necessary:

**Mother's Surname(if applicable)**

First Name

E-Mail

Address

City/Town

Postal Code

Telephone:

Residence

Business

Alternate Telephone Number

No telephone

**Father's Surname ( if applicable)**

First Name

E-Mail

Address

City/Town

Postal Code

Telephone:

Residence

Business

Alternate Telephone Number

No telephone

**Other Care Giver (if applicable)**

Name:

Relationship:

E-Mail

Address

City/Town

Postal Code

Telephone:

Residence

Business

Alternate Telephone Number

No telephone

**Background:** A brief description of living arrangements, education, health, routine. General picture or background that helps to describe the child.


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1.3 Hours Requested: ensure this is explained as not guaranteed		
Average (1-3 hours per week)	Medium (4-6 hours per week)	Maximum (7-10 hours per week)

1.4 Support Network
<b>A. Support Network: describe any current community, family/friends, agency supports the family is currently receiving or wishes to receive</b>

B. Family Physician/ Pediatrician/ Nurse Practitioner (if applicable)	
Name	Telephone

C. Emergency Contacts			
Name	Relationship	Telephone/Cell	Address

1.5 Preferred Language and Type of Communication	
A. Preferred Language	
Language Spoken	Language Preferred
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

B. Type of Communication	
Barriers to Communication	<input type="checkbox"/> No <input type="checkbox"/> Yes   If Yes, explain below

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## Section Two: Strengths and Needs

### 2.1 Identification of Supports, Services and/or Assistance

A. What areas of development would you like to have addressed with Respite Care?

B. What are the respite recipient's Likes and Dislikes?

C. What are the respite recipient's hobbies and interests? Does he/she currently participate in these activities? If not, why?

D. Are there activities that the respite recipient currently participates in with their community?

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### 3. Section Three: Profiles -

<b>3.1 Skill Profile</b>			
Does the person receiving respite have a delay or challenge in any of the following areas? According to normal development for the age of the recipient			
<b>Area</b>	<b>Yes</b>	<b>No</b>	<b>Brief Description</b>
Social Situations /Interactions			
Expressive Language			
Receptive Language			
Personal Safety			
Mobility			
Medical Fragility			
Personal Care			
Anxiety			
Inappropriate acting out			
Sensory Sensitivities			
Self-harm or Harm to others			

<b>3.2 Anxiety /Social /Sensory Profile –Domain 1</b>			
Does the recipient have a challenge in any of the following areas? Please indicate severity- Mild/Moderate/Severe			
<b>Area</b>	<b>Yes</b>	<b>No</b>	<b>Description – Be specific in details</b>
Changes to activities /schedules			
Specific sounds, textures, tastes			
Crowds			
Socializing/Interacting with others			

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Inappropriate acting out			
High levels of anxiety			
Awareness of danger / potential harm			
Men/Women			
Being touched			
Sharing/Ownership			
Transportation			
<b>Give some interventions utilized for these challenges / Comments</b>			
<b>3.3 Health/ Medical/ Personal Care Profile – Domain 2</b>			
Does the recipient have challenges in any of the following areas? (age appropriate) Mild/Moderate/Severe			
<b>Area</b>	<b>Yes</b>	<b>No</b>	<b>Description /Assistive devices/Protocol</b>
Feeding self			
Walking /Mobility			
Gross Motor -catching a ball,			
Fine Motor - buttons, holding pencil			
Toileting			
Personal Hygiene-dressing ,washing			
Medication			

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Health conditions that prohibit participation			
<b>Comments</b>			

<b>3.4 Communication Profile –Domain 3</b>			
Does the recipient have challenges in any of the following areas? (age appropriate) Mild/Moderate/Severe			
Area	Yes	No	Description /Assistive devices/Protocol
Following simple direction			
Expressing needs and wants- either through verbal or augmented communication			
Understand and follow social cues			
Read			
Language development – age appropriate			
Become frustrated if not understood			
Identifying if in pain or discomfort			
<b>Comments</b>			

