Archbold: 22897 US 20A Archbold, Ohio 43502 Phone: 419-445-1980 Fax: 888-820-8966
Dublin: 5940 Venture Dr. Suite A, Dublin, OH Phone: 614-761-0010 Fax: 888-925-0304
West Liberty: PO Box 188, West Liberty, OH 43357 Phone: 937-465-0010 Fax: 888-925-1725
Toledo: 3454 Oak Alley Court#308 Toledo, OH 43606 Phone: 419-724-0276 Fax: 888-851-1154
Van Wert: 521 S Shannon St, Van Wert, OH 45891 Phone: 419-513-2600 Fax: 888-241-9316

RESPITE FORM

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I. **Section One (To be filled out by Sending Foster Parent, Bio/Adoptive Parent or Placing Agency):**	
Child Name:	Respite Start Date:
Respite Foster Home:	Respite End Date:
Sending Foster Parent/Biological/Adoptive Parent/Guardian Information:	
Name:	Address:
Referring Agency:	
Referring Worker Name:	Referring Agency emergency number:

1. List all medications that child is currently taking (dosage, times, special instructions):

2. Did you attach a copy of the child's medical/insurance card and consent to treat form to this respite form?
Yes NO

3. What is the child's daily routine/schedule (when do they wake up, eat, go to bed, what is their hygiene routine, etc)?

4. What are the child's interests?

5. What are the child's needs and/or observable behaviors?

6. Comments and/or needs regarding child's culture, race, ethnicity, language, religion and/or sexual orientation:

7. Does the child have any allergies (food, medication and/or insect), on any special diets/dietary restrictions or have any issues concerning food?

8. Why is respite being requested? If you have any desired goals or outcomes you would like to see following respite services state here?

9. Provide any other comments or insight regarding the child (certain techniques that work or don't work).

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10. Did you attach the child's most recent Adriel progress note (if applicable)? Yes NO

If you answered YES please STOP here and attach child's immunization record.
If you answered NO please complete questions 12-20.

11. Did you attach the JFS 1443 (Med Ed or Child's Education and Health Information Form) to this Respite Form? Yes NO

If you answered YES please STOP here (You do not need to attach the child's immunization record if you attached the JFS 1443). If you answered NO please complete questions 12-20

12. Name, address and phone number of school child is currently attending:

13. Describe child's grade level performance and academic performance including aptitudes and difficulties in various subject areas:

14. Describe or provide an update on any medical condition or other circumstance that prevents the child from attending school on a full-time basis:

15. Describe any developmental delays or learning disabilities of the child. Provide a contact person and phone number if the child is enrolled in special education classes:

16. List child's known medical problem, injuries, etc. (Include dates if possible):

17. List the names addresses and phone numbers of the child's most recent medical providers (physician, dentist, optician and/or therapist):

18. Are child's immunizations up to date: Yes No

List dates of child's immunizations

Rubella	
Rubeola	
Mumps	
DPT/DT	
Polio	
HIB	
TB Test	
Hepatitis B	

19. Check the appropriate boxes to indicate if the child has had any of the following childhood illnesses:

	Yes	No	Unknown
Rubella			
Rubeola			
Chicken Pox			
Whooping Cough			
Mumps			
Hepatitis			

Other (provide explanation):

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20. List Date of child's last physical exam:
List Date of child's last dental exam:
List Date of child's last optical exam:

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II. **Section Two (To be filled out by Respite Care Provider):** **Youth:_____ Start:_____ End:_____**
1. Describe the child's mood or attitude while in respite (beginning, middle and end of respite stay):
2. Did child comply with taking his/her medications? Yes No N/A (please attach medication log if applicable) If answered no please explain:
3. What skills/strengths did child demonstrate (include any rewards/privileges received)?
4. What behaviors/concerns did the child demonstrate (include any consequences received)?
5. If this respite was provided in response to a crisis, what did you provide in regards to developmentally, culturally and age appropriate interventions to help the child cope with the trauma or stress associated with the crisis?
6. If the child experienced an accident, health problem, or change in appearance or behavior please note here (this information should be reported immediately to Adriel Staff and a Significant Incident Report (SIR) should be filled out if requested by Adriel Staff).
7. Special Notes/Other:

_____

Signature Date

*Adriel must be notified at the completion of the respite and this form must be turned in to ensure payment.

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*Your signature verifies you (respite care providers) returned the child only to the foster parents, or another person approved by the foster parents, and followed guidelines for situations that pose a safety risk or when a child requires protection.

Medication Log

Initials indicate the correct medication was given at the time indicated.																
Medication Name:							Dosage:									
Physician Name:							Address:									
Purpose of Medication:							Route of Medication:									
Date:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Time:																
Time:																
Time:																
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Time:																
Time:																
Time:																
Medication Name:							Dosage:									
Physician Name:							Address:									
Purpose of Medication:							Route of Medication:									
Date:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Time:																
Time:																
Time:																
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Time:																
Time:																
Time:																
Medication Name:							Dosage:									
Physician Name:							Address:									
Purpose of Medication:							Route of Medication:									
Date:	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Time:																
Time:																
Time:																
	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Time:																
Time:																
Time:																
Initials:		Signature:														
Initials:		Signature:														

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Initials:	Signature: