



Archbold: 2897 US20A, Archbold, Ohio 43502 Phone: 567-341-4327 Fax: (888) 820-8966  
 Westerville: 105 Commerce Park Drive, Unit A, Westerville, OH Phone: 614-761-0010 Fax: (888) 925-0304  
 West Liberty: 550 N. Detroit St., West Liberty, OH 43357 Phone: 937-465-0010 Fax: (888) 925-1725  
 Toledo: 5501 Nebraska Avenue, Toledo, Ohio 43615 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

[www.adriel.org](http://www.adriel.org)

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).	



Archbold: 2897 US20A, Archbold, Ohio 43502 Phone: 567-341-4327 Fax: (888) 820-8966  
 Westerville: 105 Commerce Park Drive, Unit A, Westerville, OH Phone: 614-761-0010 Fax: (888) 925-0304  
 West Liberty: 550 N. Detroit St., West Liberty, OH 43357 Phone: 937-465-0010 Fax: (888) 925-1725  
 Toledo: 5501 Nebraska Avenue, Toledo, Ohio 43615 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

[www.adriel.org](http://www.adriel.org)

<p>10. Did you attach the child's most recent Adriel progress note (if applicable)? Yes      NO</p> <p><i>If you answered YES please STOP here and attach child's immunization record.</i>  <i>If you answered NO please complete questions 12-20.</i></p>																																													
<p>11. Did you attach the JFS 1443 (Med Ed or Child's Education and Health Information Form) to this Respite Form?          Yes      NO</p> <p><i>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</i></p>																																													
<p>12. Name, address and phone number of school child is currently attending:</p>																																													
<p>13. Describe child's grade level performance and academic performance including aptitudes and difficulties in various subject areas:</p>																																													
<p>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:</p>																																													
<p>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:</p>																																													
<p>16. List child's known medical problems, injuries, etc. (Include dates if possible):</p>																																													
<p>17. List the names addresses and phone numbers of the child's most recent medical providers (physician, dentist, optician and/or therapist):</p>																																													
<p>18. Are child's immunizations up to date: Yes      No</p> <p>List dates of child's immunizations</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Rubella</td><td></td></tr> <tr><td>Rubeola</td><td></td></tr> <tr><td>Mumps</td><td></td></tr> <tr><td>DPT/DT</td><td></td></tr> <tr><td>Polio</td><td></td></tr> <tr><td>HIB</td><td></td></tr> <tr><td>TB Test</td><td></td></tr> <tr><td>Hepatitis B</td><td></td></tr> </table>	Rubella		Rubeola		Mumps		DPT/DT		Polio		HIB		TB Test		Hepatitis B		<p>19. Check the appropriate boxes to indicate if the child has had any of the following childhood illnesses:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">Unknown</th> </tr> </thead> <tbody> <tr><td>Rubella</td><td></td><td></td><td></td></tr> <tr><td>Rubeola</td><td></td><td></td><td></td></tr> <tr><td>Chicken Pox</td><td></td><td></td><td></td></tr> <tr><td>Whooping Cough</td><td></td><td></td><td></td></tr> <tr><td>Mumps</td><td></td><td></td><td></td></tr> <tr><td>Hepatitis</td><td></td><td></td><td></td></tr> </tbody> </table> <p>Other (provide explanation):</p>		Yes	No	Unknown	Rubella				Rubeola				Chicken Pox				Whooping Cough				Mumps				Hepatitis			
Rubella																																													
Rubeola																																													
Mumps																																													
DPT/DT																																													
Polio																																													
HIB																																													
TB Test																																													
Hepatitis B																																													
	Yes	No	Unknown																																										
Rubella																																													
Rubeola																																													
Chicken Pox																																													
Whooping Cough																																													
Mumps																																													
Hepatitis																																													



Archbold: 2897 US20A, Archbold, Ohio 43502 Phone: 567-341-4327 Fax: (888) 820-8966  
 Westerville: 105 Commerce Park Drive, Unit A, Westerville, OH Phone: 614-761-0010 Fax: (888) 925-0304  
 West Liberty: 550 N. Detroit St., West Liberty, OH 43357 Phone: 937-465-0010 Fax: (888) 925-1725  
 Toledo: 5501 Nebraska Avenue, Toledo, Ohio 43615 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

[www.adriel.org](http://www.adriel.org)

--	--

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:
---

II. Section Two (To be filled out by Respite Care Provider):			
Youth:	Start:	End:	Photo taken:
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, a 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).			



Archbold: 2897 US20A, Archbold, Ohio 43502 Phone: 567-341-4327 Fax: (888) 820-8966  
 Westerville: 105 Commerce Park Drive, Unit A, Westerville, OH Phone: 614-761-0010 Fax: (888) 925-0304  
 West Liberty: 550 N. Detroit St., West Liberty, OH 43357 Phone: 937-465-0010 Fax: (888) 925-1725  
 Toledo: 5501 Nebraska Avenue, Toledo, Ohio 43615 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

[www.adriel.org](http://www.adriel.org)

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.

\*Your signature verifies you (respite care providers) returned the child to the foster parents, or another person approved by the foster parents, and followed the 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:																



Archbold: 2897 US20A, Archbold, Ohio 43502 Phone: 567-341-4327 Fax: (888) 820-8966  
 Westerville: 105 Commerce Park Drive, Unit A, Westerville, OH Phone: 614-761-0010 Fax: (888) 925-0304  
 West Liberty: 550 N. Detroit St., West Liberty, OH 43357 Phone: 937-465-0010 Fax: (888) 925-1725  
 Toledo: 5501 Nebraska Avenue, Toledo, Ohio 43615 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**

[www.adriel.org](http://www.adriel.org)

	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:														
Initials:		Signature:														