FAMILY APPLICATION FOR RESPITE CARE

WWW.CHEYENNERESPITE.ORG
EMAIL WYORESPITE@AOL.COM
(307) 634-0619

Cheyenne Respite Programs, Inc. is designed to give families with a developmentally disabled person a break from the constant care required by this person. Those served by the programs are people with physical, mental or emotional disabilities requiring extra care. We are not a day care service, nor are we able to provide routine care. The thrust of our program is to be there for you on a short-term basis when you need skilled help.

1. Person/Agency Requesting Service:

   [ ] Social Worker [ ] Foster Parent [ ] Natural Parent

2. Name and Address of Person Requesting Services:
   ____
   ____

3. Please Provide the Following Information about the Person to Receive Care:

   Name ____
   Address ____
   Birth Date _________________ Age ______ Disability ____________________________

   Please Check All That Apply:

   [ ] Takes medication (what kind & why) __________________________________
   [ ] Can walk
   [ ] Has seizures (controlled or uncontrolled) ______________________________
   [ ] Has some speech
   [ ] Feeds self
   [ ] Takes a nap (morning or afternoon) ___________________________________
   [ ] Has food or medication allergies (specify) ______________________________

   Physician's Name ___________________________________ Phone ____________________
   Physician's Address ____

   Medical Insurance Provider ____
   Policy Number ____

4. Please Provide a Brief Description of His/Her Diagnosis, Health and General behavior:

5. Check Your Care Preference: [ ] In-Home [ ] Provider's Home [ ] Family Nights Out

6. Please Provide Information about Other Persons Living at Home and Place an Asterisk (*) Next to the Name of Children that May Also Utilize Respite Care with their Disabled Sibling.

Name	Age	Male/Female	Relationship

Parents' Marital Status: [ ] Married to each other [ ] Single, never married
[ ] Divorced [ ] Widowed

7. Indicate Your Payment Agreement Below…

[ ] I am willing to pay $__________/day or $__________/hour
[ ] I am unable to pay

8. Please Provide the Following Emergency Contact Information:

Mother's Name ____
Address ____
Phone ____
Place of Employment ______________________________ Phone ____________
School/Program/Workshop Attending ______________________________
Schedule Involved ____

Contact in Case of Emergency? [ ] Yes [ ] No

Father's Name ____
Address ____
Phone ____
Place of Employment ________________________ Phone __________
School/Program/Workshop Attending ______________________________
Schedule Involved ____

Contact in Case of Emergency? [ ] Yes [ ] No

Other Emergency Contact's Name ______________________________
Address ____
Phone ____
Place of Employment ________________________ Phone __________
Schedule Involved ____
Relationship to Person Receiving Care ______________________________

PRIMARY CARETAKER AGREEMENT, RELEASE, AND WAIVER OF LIABILITY

Having read and completed the above information, I/We agree that it is true and complete to the best of my/our knowledge. I/We agree to release the Cheyenne Respite Programs, the Respite Director, the Respite Programs Board of Directors, and those providing respite services from any liability for illness or injury to the above listed dependent(s) while participating in any of the services provided by Cheyenne Respite Programs.

I/We also give permission for Cheyenne Respite Programs, or their authorized representative, to call a physician or obtain medical care if, in their judgment, the need arises. I/We will assume financial responsibility for any medical or related costs incurred.

Signature: ______________________________ Date: ______________

Signature: ______________________________ Date: ______________

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Please Complete Only the Sections You Will Authorize

♦ **Medication Release:** I do hereby give Cheyenne Respite Programs, Inc., and persons operating in its behalf, my consent and permission to administer medications as I instruct, in accordance with the physician's orders.

Signature: ___________________________________ Date: _________________________

♦ **Transportation Release:** I do hereby give Cheyenne Respite Programs, Inc. and persons operating in its behalf, my consent and permission to transport the following child/ren as needed for in-home care, nights out, or the summer recreation program:

Child/ren Name(s) ____

Signature: ___________________________________ Date: ________________________

♦ **Photograph Release:** I do hereby give Cheyenne Respite Programs, Inc. and persons operating in its behalf, my consent and permission to use pictures/photographs of the following child/ren for publicity (i.e.: news releases, posters, brochures) to benefit the program. Any exceptions to this authorization are listed below.

Child/ren Name(s) ____

Exceptions ____

Signature: ___________________________________ Date: _______________________

♦ **Medical Release of Information:** I do hereby give Cheyenne Respite Programs, Inc. and persons operating in its behalf, my consent and permission to contact and discuss medical issues with my child's physician or clinic, as it pertains to providing optimal care. I understand that the confidentiality of this information will be respected and only sought if necessary.

Signature: ___________________________________ Date: _______________________

♦ **Contact with School Personnel:** I do hereby give Cheyenne Respite Programs, Inc. and persons operating in its behalf, my consent and permission to contact and discuss medical or behavioral issues with school personnel involved with my child, as it pertains to providing optimal care. I understand that the confidentiality of this information will be respected and only sought if necessary.

Signature: ___________________________________ Date: _______________________