



**Bay Respite Care**  
Preserving Families

Revised 3/2011

# Full-Service Respite Referral

(G-Tube, Inhaler/Nebulizer, Epi-Pen: use Specialized Healthcare Referral)

## Client Information

|  |  |
|--|--|
| Client Name                                      |  |
| UCI/ID #   |  |
| DOB  |  |
| Language/Monolingual?                            |  |
| Parents/Legal Guardians                          |  |
| Street Address + Apt.<br>City<br>State, Zip Code |  |
| Home Phone                                       |  |
| Cell Phone                                       |  |
| Email Address                                    |  |
| Diagnosed Disabilities                           |  |

Referral Date:

## Vendor Information:

Self-Service Vendor # HN0208  
Service Code: 862  
**Fax #: 707-644-1318**  
**Email: Sue@BayRespiteCare.org**  
Susan Wiggins, Assistant Director  
Phone: 707-644-4491 x306

## Case Manager Information

|         |  |
|---------|--|
| Name    |  |
| Phone # |  |
| Email   |  |
| City    |  |

## History and Client Qualifications

- Is this a returning Full-Service Respite client?  Yes  No
- Client is switching from:  
 Family Voucher  BRC Self-Service\*  Other  New to Respite  
\*If switching from BRC SSR, please send pos cancellation to SSR program
- Seizures?  No  Yes\* If yes, duration:  
\*BRC workers CANNOT administer rectal seizure medication/enemas
- G-Tube/Epi-Pen/Inhaler/Nebulizer? If yes, send a Specialized Healthcare Referral. Call 707-644-4491 if you need one or go to [www.bayrespitecare.org](http://www.bayrespitecare.org)
- Any known dangerous propensities exhibited by client or family situation?  No  Yes- describe under "Notes" on right.
- Client requires lifting:  No  Yes, Weight: \_\_\_\_\_ lbs.  
Please note: BRC policy states our workers cannot lift over 50lbs (unassisted) - NO EXCEPTIONS

## Respite Hours

|        |                      |
|--------|----------------------|
| Amount |                      |
| Type   | Qtr Monthly Yr Other |
| Dates  |                      |

## Qualifying Information

| Medi-Cal                |  | FCPP                                     |  | IHSS- Protective Supervision |  |
|-------------------------|--|--|--|------------------------------|--|
| Has full-scope?         |  | Already assessed?<br>If yes, percentage- |  | Applicable to client?        |  |
| Need to apply?          |  | Need to be assessed?                     |  | Need to apply?               |  |
| Application in process? |  | Assessment in process?                   |  | Application in process?      |  |