Updated 6/2008

Self-Service (Employer of Record) Respite Referral

Please fax or email this referral:

Fax: 707/644-1318 *OR* Stacey@BayRespiteCare.org

Questions? Call Stacey Martinez, SSR Program Manager, at 707/644-4491

Bay Respite Care

Since 1976

Preserving Families

All information needs to be filled in for prompt processing- Thank You!!

Referral Date: _____/_____/_____ ***EOR Vendor # HN0245, Service Code 862/EOR***

Client Name: _____ DOB: _____/_____/_____

UCI #: _____ Home language spoken: _____ monolingual ☐

Parent/Legal Guardian: _____

Address: _____ Apt #_____

City: _____ Zip: _____

Home #: _____ Cell #: _____

Diagnosed Disabilities: _____

Is this a returning EOR (Self-Service) client? yes☐ no☐

Client is switching from: BRC Agency (Full-Service)☐ Family Voucher☐ Other☐ New to respite☐

Please note: if switching from BRC Agency (FS), please send pos cancellation to Agency (FS) department

NBRC client sibling(s) with EOR (Self-Service) referrals or current EOR (Self-Service) POS:

Name(s): _____

Please note: each sibling needs a separate referral

Are there any known dangerous propensities exhibited by client or in the family? yes☐ no☐

If yes, please explain: _____

Does the client require lifting? no☐ yes☐ if yes, weight: _____

Specialized Care: G-Tube, Epi-Pen, Inhaler/Nebulizer- EOR (SS) does NOT accept these referrals. These clients must be referred to BRC using an Agency (FS) referral.

CPC Name: _____ Napa office☐ SR office☐

Phone: _____ Email: _____

Parental Signature for release of the below information to BRC:_____

Consent given by phone: ☐

Does family have an eligible* worker for BRC to hire? yes☐ no☐

*Eligible is defined as someone over 18 years old, no felony convictions, eligible to work in the USA, CPR/FA certified or willing to be certified by BRC, and is NOT a legal guardian or a primary caregiver of the client.

Please note: EOR(SS) does not provide workers to families. Use an Agency (FS) respite referral if the family needs a worker provided to them.

Name: _____ Contact #: _____

Name: _____ Contact #: _____