IN-HOME RESPITE TOOL

Service Coordinators will complete this tool to determine the number of in-home respite hours needed. The tool will be completed during a planning team meeting and/or discussion, which will include individuals and their family members. The tool can be used as often as needs change.

Respite is a family support service that helps individuals and their families or caregivers live together in the community. The purpose of respite is to:

1. Help families keep the individual at home.
2. Provide safe care and supervision when family members are away.
3. Give family members a break from the constant demands of caregiving.
4. Support the individual's daily needs, such as self-care, social activities, and routines usually handled by family members.

Respite staff provide care and supervision either on a regular schedule or as needed. Respite is not intended to meet all an individual's care needs.

Name: _____

Date: _____

DOB (mm/dd/yyyy): _____

UCI: _____

Service Coordinator: _____

Regional Center: _____

Individual	
This section will measure the individual's needs in different areas of their life to determine the extent of support required. If an individual has higher needs, they may require more support. Instructions for Service Coordinators: When completing this section, the planning team will assess what is typical for the individual's age and what the individual has needed over the past year.	
Questions	**Answers**
Age of Individual	○ 0 – 5 years ○ 6 – 12 years ○ 13 – 17 years ○ 18 and over
School/Childcare/Day Program/Work/Other Program Attendance: Based on a typical daily schedule for the individual.	○ More than 20 hours per week. ○ 11 to 20 hours per week. ○ 5 to 10 hours per week. ○ Does not attend and is home all day.
Medical Needs: The extent to which the individual has medical needs (e.g., gastrostomy, colostomy/ileostomy, and urinary catheter care) that require treatment or follow-up from a doctor or specialist.	○ No exceptional medical needs and requires only routine medical care. ○ Condition(s) require(s) occasional (monthly) medical or therapy appointments and/or medication administration. ○ Condition(s) require(s) ongoing (weekly) health or medical treatments, and/or medication administration.

	○ Condition(s) require(s) daily health or medical treatments, and/or medication administration. ○ Condition(s) require(s) complicated and frequent (multiple times per day) health or medical treatments, and/or complicated medication administration. ○ Condition(s) require(s) extraordinary medical treatment 24 hours/day (treatments required every 3 hours or less) *and* complicated medication administration.
Mobility: The extent to which the individual requires mobility support or support to use mobility equipment (e.g., wheelchair, walker, cane).	○ Does not require support or is independent with mobility equipment or individual is under the age of 3. ○ Sometimes requires support with equipment or mobility. ○ Frequently requires support with equipment or mobility. ○ Always requires support with equipment or mobility. ○ Not mobile, requires full support with mobility and lifting/repositioning multiple times a day.
Activities of Daily Living (ADLs): The extent to which the individual requires support with activities of daily living (ADLs) (e.g., dressing, bathing, using the toilet, personal care, and eating).	○ Is independent or does not require support with most ADLs, or ADL needs are typical for the individual's age. ○ Requires some reminders/verbal prompting with most ADLs. ○ Requires some physical support with most ADLs. ○ Requires significant physical support or hand-over-hand support with most ADLs. ○ Requires full physical support with most ADLs.
Social Needs: The extent to which the individual requires support with social interaction.	○ Is independent or does not need support to interact with others. ○ Sometimes requires support to interact with others. ○ Frequently requires support to interact with others and needs close supervision. ○ Always requires support and supervision to interact with others due to health needs or safety of self and/or others.
Behavioral Needs: The extent to which the individual requires support, intervention, or supervision with interfering behaviors (examples of interfering behaviors include, but are not limited to aggression, self-injury, pica, or emotional outbursts).	○ Does not display interfering behaviors or interfering behaviors are typical for the individual's age. ○ Interfering behaviors are easily redirected most of the time. ○ Interfering behaviors require frequent redirection that is not always successful. ○ Interfering behaviors are not responsive to redirection, *and* the individual requires line of sight supervision, frequent interventions, and/or short-term hospitalization.
Safety Needs: The extent to which the individual requires support (e.g., decision-making, problem solving) to stay safe at home and in the community.	○ Does not need support with safety needs or safety needs are typical for individual's for age. ○ Needs reminders to avoid potential dangers. ○ Needs close supervision to avoid potential dangers. ○ Needs constant supervision to avoid potential dangers. ○ Needs line of sight supervision at all times to avoid potential dangers.

Communication: The extent to which the individual requires support with expressive or receptive communication.	○ Does not require support or is independent with communication or rarely needs support. ○ Sometimes requires support with communication. ○ Frequently requires support with communication. ○ Does not have a reliable form of communication and always needs support with communication.
Additional Individual Needs (select all that apply):	○ Has significant mental health needs. ○ Has significant support or personal care needs related to trauma. ○ Needs additional support due to the death of a primary caregiver. ○ N/A
Caregiver & Family	
Instructions for Service Coordinators: Please share this prompt with the planning team: "Being a caregiver can be hard. It takes a lot of time and energy and can affect your health and wellbeing. 'Caregiver stress' refers to the challenges experienced due to the responsibilities and demands of meeting an individual's needs. Stress can lead to feeling overwhelmed when you are not able to get support services, like respite care. Please answer the following questions about your feelings as a caregiver when you do not have help."	
Caregiver Stress: The extent to which the caregiver experiences stress because of caregiving responsibilities and its impact on their ability to complete daily routines (e.g., housekeeping, self-care, grocery shopping).	○ I can complete my daily routines without support. ○ I sometimes feel overwhelmed with caregiving responsibilities and struggle to complete daily routines. ○ I frequently feel overwhelmed with caregiving responsibilities and struggle to complete daily routines. ○ I always feel overwhelmed with caregiving responsibilities and struggle to complete daily routines.
Instructions for Service Coordinators: Please share this prompt with the planning team and ask the primary caregiver to select all that apply: "Every family is unique. If there is anything in your family's life that makes things more difficult, we would like to take it into consideration. Identifying such circumstances helps us to better understand your situation and the support you need. Please answer these questions about any circumstances that are challenging to you, the person you support, or your family. Select all that apply."	
Questions	**Answers**
Caregiver Circumstances (select all that apply):	○ I am the only caregiver available to provide most care (e.g., single parent). ○ I am often acting as a single caregiver (e.g., my partner is deployed, has a job with extended travel, or is unavailable). ○ I/we have difficulty providing care due to my/our medical or physical health conditions. ○ I/we have difficulty providing care due to my/our mental health conditions. ○ I/we have difficulty providing care due to my/our intellectual or developmental disabilities.

	○ I/we have difficulty providing care due to my/our age (65 or older). ○ I/we have difficulty providing care due to other caregiving responsibilities (e.g., caring for an aging family member, caring for other children with disabilities). ○ I/we have difficulty providing care due to increased demands at work/school. ○ N/A
Family Circumstances (select all that apply):	○ I/We have added more children to the home (e.g., had a baby, are fostering, or have adopted). ○ I/We have recently experienced a significant life event (e.g., moved, lost home, separation/divorce). ○ I/We have recently experienced significant financial or economic strain (e.g., job loss). ○ N/A
Additional dependents age 17 or younger that reside in the home (select one):	○ 1 dependent ○ 2 dependents ○ 3 dependents ○ 4 or more dependents ○ N/A
Has the family been using the currently authorized respite hours?	○ Yes ○ No
If no, explain:	
If your family has two or more individuals who currently use or want respite care, do you need one-on-one support for each person?	○ Yes ○ No