

# LONGER RESPITE CARE VISITS

## THINGS TO CONSIDER FOR LONGER RESPITE CARE

THERE IS NO AVERAGE LENGTH OF A RESPITE CARE VISIT. EVERY FAMILY AND EVERY SITUATION IS DIFFERENT. WE'VE TRIED TO ADDRESS THE INFORMATION A RESPITE CARE GIVER WILL NEED IN MOST SITUATIONS. HOWEVER, IF THE RESPITE CARE WILL LAST LONGER THAN A DAY OR TWO, YOU MIGHT CONSIDER ADDING SOME OR ALL OF THE FOLLOWING INFORMATION:

### TRANSPORTATION

You will be driving \_\_\_\_\_ in:  your vehicle  our vehicle.  
NAME

Insurance information, consent forms, keys can be found: \_\_\_\_\_

School transportation company: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Tips for successful scheduling: \_\_\_\_\_

Days using school transport:  Monday  Tuesday  Wednesday  Thursday  Friday

Medical appointment transport company: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

Tips for successful scheduling: \_\_\_\_\_

Days using school transport:  Monday  Tuesday  Wednesday  Thursday  Friday

### SCHOOL

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Principal: \_\_\_\_\_ Teacher(s) \_\_\_\_\_

### BEFORE OR AFTER-SCHOOL PROGRAMS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

# LONGER RESPITE CARE VISITS

(CONTINUED)

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Director: \_\_\_\_\_

Days attending:

Monday  Tuesday  Wednesday  Thursday  Friday

## ADDITIONAL INFORMATION ABOUT OUR HOME

### Where can I find?

Thermostat: \_\_\_\_\_

Water shut-off: \_\_\_\_\_

Gas shut-off: \_\_\_\_\_

Circuit-breaker/Fuse box: \_\_\_\_\_

Flashlights: \_\_\_\_\_

Extra batteries: \_\_\_\_\_

Vacuum cleaner: \_\_\_\_\_

Mop/broom: \_\_\_\_\_

Other cleaning supplies: \_\_\_\_\_

In case of power outage, call: \_\_\_\_\_

Loss of power an emergency?  YES  NO

Back-up generator?  YES  NO

Location/instructions: \_\_\_\_\_

Security system?  YES  NO

Code: \_\_\_\_\_

Other instructions: \_\_\_\_\_

Fire arms in the house?  YES  NO

Other hazardous materials?  YES  NO

Instructions: \_\_\_\_\_

Name and phone number of neighbor: \_\_\_\_\_

Address: \_\_\_\_\_