



# Full-Service Respite Referral

Revised  
8/2017

*(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. City State, Zip Code	
Home Phone	
Cell Phone	
Email Address	
Diagnosed Disabilities	

Referral Date:

## Vendor Information:

Full-Service Vendor # HN0208  
 Service Code: 862  
**Fax #: 707-561-7742**  
**Email: [Referrals@BayRespiteCare.org](mailto:Referrals@BayRespiteCare.org)**  
 Phone: 707-644-4491  
 Web: [www.BayRespiteCare.org](http://www.BayRespiteCare.org)

## Case Manager Information

Name	
Phone #	
Email	
City	

## History and Client Qualifications

- Provided current IPP Form with signature page with CM & Parent signature? Yes No
- 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
- BRC client siblings\*? If yes, give info in "Notes" on right.  
\*Each sibling needs a separate respite referral
- 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 our website
- Any known dangerous propensities exhibited by client or family situation? No Yes-describe under "Notes" on right.
- Client requires lifting: No Yes, Weight: lbs.  
BRC workers cannot lift over 50lbs (unassisted) - NO EXCEPTIONS

## Respite Hours

Amount	
Type	Qtr Monthly Yr Other

Notes/Add'l info:

## Qualifying Information

Medi-Cal		FCPP		IHSS- Protective Supervision	
Has full-scope?		Already assessed? 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?	