



Bay Respite Care
Preserving Families

Full-Service Respite Referral

Revised
10/2013

(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 #: 707-644-1318
Email: Referrals@BayRespiteCare.org
Phone: 707-644-4491
Web: www.BayRespiteCare.org

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
- 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?	