SONIACORINA
PEOPLE HELPING PEOPLE

Employer of Record
Respite Referral
(Employer of Record)

Revised 8/2017

Client Information

Client Name	
UCI / ID #	
DOB	
Primary Language	
Parents/Legal Guardians	
Street Address + Apt. City State, Zip Code	
Home Phone	
Cell Phone	
Email	
Diagnosed Disabilities	

Referral Date:

Vendor Information:

EOR Vendor # **HN0245**
Service Code: 862 EOR
Fax #: 707-561-7742
Email: Referrals@BayRespiteCare.org
Phone: 707-644-4491
Web: www.BayRespiteCare.org

Case Manager Information

Name	
Phone #	
Email	
City	

History/Siblings/Client Qualifications

- Provided current IPP Form with signature page with CM & Parent signature? Yes ◯ No ◯
- Is this a returning Self-Service/EOR client? Yes ◯ No ◯
- Is client coming from: BRC Full-Service ◯ Other ◯ New ◯
  If switching from Full-Service, send POS cancellation to FS department
- Regional Center client siblings w/EOR referrals or current EOR authorizations: *(each client sibling needs a separate referral)*
  Name(s):
- Are there any known dangerous propensities exhibited by client or in the family? Yes ◯ No ◯
  If yes, explain:
- Does client require lifting? Yes ◯ No ◯ weight: lbs

Specialized Healthcare: G-Tube, Epi-Pen, Inhaler/Nebulizer-

Self-Service does NOT accept these referrals. These clients must be referred to Full-Service BRC using a Specialized Healthcare referral.

Respite Care Provider Information*

*Over 18, no felonies, eligible for work in USA, NOT parents/LG/primary caregivers

RCP 1

Name	
Phone	
Add'l info	

RCP 2

Name	
Phone	
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/in process?		Need to be assessed/in process?		Need to apply/in process?	