



Bay Respite Care
Preserving Families

Specialized HealthCare Respite Referral

(G-Tube, Inhaler/Nebulizer, Epi-Pen)

Revised
10/2013

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:

Specialized Healthcare Vendor# PN0392
Service Code: 103
Fax #: 707-644-1318
Email: Referrals@BayRespiteCare.org
Phone: 707-644-4491
Web: www.BayRespiteCare.org

Case Manager Information

Name	
Phone #	
Email	
City	

Respite Hours

Amount	
Type	Qtr Monthly Yr Other

History and Client Qualifications

- Is this a returning Full-Service Respite client? Yes No
- Client is switching from:
 Family Voucher BRC Self-Service* BRC Full-Service New
*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
- If G-Tube, does client require suctioning? If yes, BRC workers CANNOT suction a client's G-Tube.
- 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

Specialized Healthcare

- **G-tube?** Yes No
- **Epi-Pen?** Yes No
- **Inhaler/Nebulizer?** Yes No

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?	