|  |  |
| --- | --- |
|  | DEVELOPMENTAL DISABIITIES ADMINISTRATION (DDA) **Planned Respite Application** **for Overnight Planned Respite Services and Planned Respite Service at RHC** |
| Please attach current DDA Assessment Details, valid consent (DSHS 14-012), and any other relevant information such as a PBSP, FA, etc. Upon completion, CRM must submit to ARSC@dshs.wa.gov. |
| CLIENT’S NAME | ADSA ID | **[ ]**  Male**[ ]**  Female  | DATE OF BIRTH | AGE |
| NAME(S) CLIENT PREFERS TO BE CALLED |
| Does this individual have a court appointed guardian? [ ]  No [ ]  Yes (if yes, complete the information below) |
| NAME OF COURT APPOINTED GUARDIAN | GUARDIAN TELEPHONE (WITH AREA CODE)()       |
|  |
| PRIMARY CAREGIVER’S NAME | PRIMARY TELEPHONE (WITH AREA CODE)()       |
| EMAIL ADDRESS | ADDRESS CITY STATE ZIP CODE |
| EMAIL ADDRESS[ ]  Via email [ ]  Via Paper | INTERPRETER SERVICES[ ]  No [ ]  Yes; specific language:  |
| INTERPRETER SERVICES[ ]  No [ ]  Yes; specify language:  |
| **Backup Caregiver** |
| This person should be available in the event of an emergency and the primary caregiver is unable to be reached. |
| NAME | RELATIONSHIP TO CLIENT | TELEPHONE (WITH AREA CODE)()  |
|  |
| DDA CRM | REGION | TELEPHONE (WITH AREA CODE)()  |
| **Current Setting** |
| [ ]  Family Home [ ]  Hospital [ ]  Lives with Individual Provider [ ]  Other:  |
| Although note a requirement, indicating vaccination status can expediate the referral process.COVID-19 vaccination? [ ]  Yes [ ]  NoRecommended booster per CDC guidelines? [ ]  Yes [ ]  No |
| **OPRS Requested Location(s) and Dates (please select only one location)** |
| At the time of request, please verify the location and dates are available on the [OPRS calendar](https://teamshare.dshs.wa.gov/sites/redp/oprca/_layouts/15/start.aspx#/SitePages/Home.aspx).[ ]  Spokane [ ]  Bellingham [ ]  Lynnwood [ ]  Tacoma [ ]  Olympia [ ]  Vancouver [ ]  Bismark [ ]  Lidgerwood  |
| **RHC Planned Respite:**  If requesting more than one RHC for consideration, please indicate first, second, and third choice in the prior approval in CARE.[ ]  Yakima Valley School [ ]  Lakeland Village [ ]  Fircrest School |
| DATES OF REQUESTED RESPITE | TRANSPORTATION PROVIDED BY: |
| to  |  |
| to  |  |
| to  |  |
| **Dates are not finalized until request has been approved by the HQ Respite Coordinator / ARSC designee.**  |
| **Social Summary** |
| Reason for request, identifying if the primary caregiver will be out of town and/or unavailable during the requested stay:      |
| **Behaviors** |
| Please check any behaviors the respite provider should be aware of OR None (if applicable): |
| **[ ]**  Anorexia**[ ]**  Biting**[ ]**  Bulimia**[ ]**  Elopement**[ ]**  Encopresis / enuresis[ ]  Head banging | **[ ]**  Inappropriate sexual behaviors**[ ]**  Loud vocalizations**[ ]**  Physical aggression**[ ]**  PICA**[ ]**  Property destruction**[ ]**  Self-injurious behaviors | **[ ]**  Sensory / noise / touch[ ]  Suicidal attempts / threats**[ ]**  Verbal Aggression**[ ]**  Wandering / not exit-seeking**[ ]** None**[ ]** Other       |
| **Support Needs** |
| Describe daytime and community supervision needs (earshot, line of sight, how long can the individual be left alone in a secure area with activity):       |
| Describe nighttime support needs:       |
| Restrictions in place at current residence (door / window alarms, food restrictions, other):      |
| Describe any accessibility support needs and adaptive equipment required (ramp, wheelchair / ramp, roll-in shower, shower chair, Hoyer lift):      |
| Describe any medical support needs, including those related to seizures, diabetes, feeding tubes, colostomy bags, trachs, etc.:      |
| Select the highest type of assistance needed to take medications and/or apply medicated ointments or drops, including vitamins) OR [ ]  None (if applicable):**[ ]**  Supervision only **[ ]**  Verbal Prompts **[ ]**  Hand in cup **[ ]**  Crushed in food **[ ]**  Physical assistance**[ ]**  Medications administered via g-tube **[ ]**  Other:       |
| **Other Information** |
| List any other pertinent information including preferred activities, likes / dislikes, strengths, abilities:      |