

Respite Assessment Tool

Respite means temporary and intermittent care provided for short periods of time. Per Lanterman Act, respite is intermittent relief for families from the constant care and supervision of their family member with a developmental disability who resides in the family home and cannot be left unsupervised for short periods of time. Regional Centers may provide respite when medical, physical, or behavioral needs cannot be met by other family members or a regular care provider. Individuals who are medically fragile and/or have specialized health care needs must have a nursing assessment completed before services begin.

- In-Home Respite is designed to give the family members a few hours rest from the care of the person served and is provided in the home. Respite care is not the same as daily or routine child care or adult daycare.
- Out-of-Home Respite is designed to give the family a few hours or over overnight rest from the care of the person served and is provided outside of the family home in a licensed facility.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
5:00 am							
5:30 am							
6:00 am							
6:30 am							
7:00 am							
7:30 am							
8:00 am							
8:30 am							
9:00 am							
9:30 am							
10:00 am							
10:30 am							
11:00 am							
11:30 am							
12:00 pm							
12:30 pm							
1:00 pm							
1:30 pm							
2:00 pm							
2:30 pm							
3:00 pm							
3:30 pm							
4:00 pm							
4:30 pm							
5:00 pm							
5:30 pm							
6:00 pm							
6:30 pm							
7:00 pm							
7:30 pm							
8:00 pm							
8:30 pm							
9:00 pm							
9:30 pm							
10:00 pm							
10:30 pm							
11:00 pm							
11:30 pm							
12:00 am							

*****Please note that completing this form is not an agreement to fund respite, this is simply an assessment of need*****

Client Name: _____

UCI: _____

Date: _____

Respite Assessment Tool

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					Total Hours =	_____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					Total Hours =	_____
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					Total Hours =	_____

*Average Monthly Hours: _____ ÷ 3 = _____ **or** *Total Hours per Calendar Quarter: _____ + _____ + _____ = _____
 Respite Used for: _____

*Service hours could be reduced based on the Family Cost Participation Program assessment

Please note that completing this form is not an agreement to fund respite, this is simply an assessment of need

Revised January 2019

Parent/Legal Guardian Signature: _____

Respite Assessment Instructions

1. Fill in the timesheet with client and their parent, legal guardian, etc by using (x) or by shading in client's average weekly schedule.
 - Account for school schedule, day program schedule, work schedule, etc
 - Account for all IHSS hours
 - Account for ABA, speech therapy, occupational therapy, or any other services client is utilizing (vendored and non-vendored)
 - Obtain a copy of IEP to account for any Extended School Year (ESY) and note that respite hours could be reduced after the summer months
2. Have parent, legal guardian, etc sign the timesheet where designated.
3. For respite hours per month, use the first 30 – 31 day calendar on page 2 to account for day(s) of the week respite hours would be used.
4. Add up the hours and write the total hours at the bottom of the calendar.
5. Should the hours vary per month, but client prefers to use respite on a monthly basis, please average the hours over the three monthly 30 – 31 day calendars provided on page 2 by adding up the total hours from each calendar in the space provided below to calculate and average hours. Round up to the nearest hour.
6. For respite hours per calendar quarter, use the three monthly 30 – 31 day calendars on page 2 to account for day(s) of the week respite hours would be used over the next three months.
7. Write the total hours at the bottom of each calendar.
8. Add up the total hours from each calendar in the space provided to calculate the hours per calendar quarter.
9. Detail in the space provided what the respite hours would be used for.
10. Have parent, legal guardian, etc sign the calendar where designated.

When the assessed need for in-home respite exceeds either 40 hours a month or 120 hours per calendar quarter, it will be considered an exceptional level of service requiring review at a Director level.

For additional out-of-home respite, a family may convert 12 hours of in-home respite to 1 day of out-of-home respite, not to exceed half of their assessed in-home respite hours and not to exceed an additional 20 days of out-of-home respite within a 12 month period.

When the assessed need for out-of-home respite exceeds 21 days within a 12 month period (a year), it will be considered an exceptional level of service requiring review at a Director level.

*****Should converting in-home respite hours to out-of-home respite within a 12-month period (a year) exceed 21 days of out-of-home respite, this does not need to be reviewed at a Director level.*****