For More Information

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Alabama Lifespan Respite Resource Network® is a Statewide Program of

UCP United Cerebral Palsy
Life without limits for people with disabilities

5/14

Information for our Respite Provider

A BROCHURE TO ASSIST THOSE WHO ARE RECEIVING OR PROVIDING RESPITE SERVICES

The Alabama Lifespan Respite Resource Network®, a program of United Cerebral Palsy (UCP) of Huntsville and Tennessee Valley, Inc., is pleased to offer this guide that may help alleviate some of the worries associated with taking a break from stressful and strenuous daily caregiving duties.

FOR CAREGIVERS: We hope this brochure will help assure you that you have given your respite provider all the information they may need to take good care of your family member while you take a well deserved break. The information provided by this brochure is very important; however, verbally communicate all your family member's needs directly to your respite provider as there will be additional information you would like to share with your provider.

FOR RESPITE PROVIDERS: You are offering a valuable service to a family who is very appreciative of your time, and they want to provide you with all the confidence you need to give them this "gift of time". This brochure will provide information to help you provide good care to the family member left in your charge, so that you may act appropriately in any situation.

ABOUT OUR FAMILY

The _____family
Our address_____
_____
Our phone number_____
Our cell phone number_____
Family Caregiver contact Info:
_____
Family Member Name:
_____
Diagnosis:
_____

Emergency numbers:
Police 911
Fire 911
Poison Control_____

In case of emergency, and Family Caregiver cannot be reached, please call:

Name _____
Phone# _____
_____
Relationship to our family:
_____

Our doctor:

Dr._____
Phone #_____

Our pharmacy_____
Phone #_____

Other important numbers
_____
_____
_____

About Our Family Member

Communication

Is your family member verbal?
____yes _____no

If no, how does he/she communicate wants & needs? _____
_____
_____

Does he/she use a device in order to communicate? _____If so, are there any special instructions? _____
_____
_____

Behavior

What's your family member's usual temperament?
_____

What makes your family member happy?
_____

Does this person experience agitation or hostility? _____ What situations tend to increase agitation and hostility?
_____
_____

What methods have you found to reduce agitation and hostility?
_____
_____

Does your family member run or wander away? _____

Does your family member have any challenging behaviors? _____
If so, how would you manage those behaviors? _____
_____

Seizures

Does your family member have seizures?
____yes _____no

If so, please describe in detail (duration/how to handle) _____
_____
_____
_____
_____

What happens afterward? _____
_____

Current Other Medical Conditions (Circle all that apply)

Alcoholism	Arthritis
Digestive/Intestinal	Heart
Obesity	Allergies
Depression	Gynecological
High Blood Pressure	Osteoporosis
Vision Problems	Diabetes
Drug Abuse	Hearing
Hip Fracture	Respiratory
Weight Loss	Cancer
Falls	Seizures
Dizzy Spells	Other_____

Prescription and OTC medications taken by the person with dosage/doctor information_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Daily Living Activities

Does your family member use any adaptive equipment? _____

Where is the equipment located, and how or when should it be used? _____
_____

Is he/she able to self-feed? _____
If no, what kind of help do they need?
_____

Does this person require a special diet? _____If yes, please describe _____
_____
_____

Any food allergies? _____
Food likes or dislikes? _____
_____

Is this person able to self-toilet? _____
If no, what assistance is needed? _____
_____

Is this person incontinent? _____
If yes, how do you handle the situation?
_____

Does your family member use diapers?
_____

Is this person able to walk independently? _____If no, what assistance and/or mobility devices are needed?
_____
_____

What assistance is needed for brushing teeth, dressing or bathing?
_____

When is bedtime? _____
Nap time? _____
Any special positioning required? _____
_____
_____

Additional instructions: _____
_____
_____
_____
_____

Home Rules

May your family member go outside?
____yes _____no

If yes, how long? _____

In what specific areas of the yard?
_____

May your family member have visitors?
____yes _____no

If yes, who? _____
For how long? _____

When you are away, what are some other specific instructions for the respite provider? _____
_____
_____

Things to Consider When Hiring a Respite Provider

May the provider use the phone, refrigerator and other appliances in your home?

Are you going to provide food for the provider or should they bring their own?

Are there specific rooms in the home that you do not want them to go in while they are there?

What kind of personal activity would you allow the sitter to do while caring for your loved one? (Watching TV, reading, etc.)