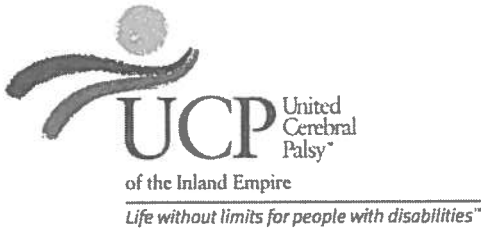

Family Respite Services Program
Parent/Care Provider Information

United Cerebral Palsy of the Inland Empire
35-325 Date Palm Dr., Ste. 139
Cathedral City, CA 92234

Respite Direct Request Line: (760) 321-8184
UCPIE Toll Free Number: (877) 512-2224
Family Respite Fax: (760) 321-8284

UCP FAMILY RESPITE OFFICE STAFF
PHONE NUMBERS & EMAILS

The Family Respite Office team is here to support you to do the best job possible for our clients. Here are your Office phone numbers, team members, pertinent information, and a little about their respective responsibilities.

RESPITE REQUEST DIRECT VOICE MAIL (760) 321-8184 ext. 106
This is your "go-to" phone number for Respite! It is a direct-to-voice mail line, available 24 hrs/day, 7 days/week, for you & parents to leave messages about appointments, information, request respites, problems, issues, etc. This mailbox is checked constantly each & every day.

Lizette Moreno, Respite Program Manager (760) 321-8184 ext. 106 lizette@ucpie.org
Your Respite Manager oversees all aspects of the Respite Program. Among her many duties, she conducts new client intakes, program training, monitors worker clock-ins/outs, recruits new clients, and juggles the relationships between clients, workers and IRC.

Amber Fleming, Support Services Admin (760) 321-8184 ext. 107 amber@ucpie.org
The Support Services Administrator also oversees all Respite Services. She is your contact regarding payroll, time cards, quarterly trainings, and questions about your check, and IRC authorizations for service. She is the person that receives the messages that you leave.

OTHER UCP ADMINISTRATIVE STAFF
PHONE NUMBERS & EMAILS

We encourage you to contact the Respite Office first; however there may be times you need to contact someone else in the Administrative Office. Here are a few other UCP Administrative Staff members that you may need to contact, periodically.

Sofia Campos, Director of Program Services (760) 321-8184 ext. 105 sofia@ucpie.org
The Director oversees the UCPIE client services. She oversees After School Program and Respite programs. She also manages our Resource and Referral Program. She is your contact if you have any questions regarding services to our families and can assist with concerns you may have.

Greg Wetmore, CEO/President (760) 321-8184 ext. 103 greg@ucpie.org
The CEO oversees the entire organization. He would be your contact if you had concerns regarding the program or concerns regarding your job that have not been resolved for you by our management team.

WELCOME TO
FAMILY RESPITE SERVICES
An In-home Family Support Service
Revised 04/2013

RESPITE CARE SERVICE

In-home respite care is designed to allow an individual with a developmental or physical disability to remain in a supporting family environment by relieving the family, or care providers, of the burden of constant care.

RESPITE CARE PROGRAM

United Cerebral Palsy believes that Family Respite Services can provide support to the family unit while enhancing your loved one's growth and development. UCP's Family Respite program offers personalized services and support to individuals of all ages who have a developmental or physical disability and their families. The Respite care staff is trained to uphold house rules while providing necessary care and supervision to the client.

RESPITE CARE PROGRAM GOALS

The goals for UCP's Family Respite Services include, but are not limited to, the following:

- Provide services that offer parents/care providers an opportunity for self-renewal without worry.
- Provide a viable alternative to out-of-home placement.
- Train and supervise qualified Respite workers.
- Provide quality respite services twenty-four (24) hours a day, seven (7) days a week.
- Provide companionship and new positive experiences for the individual with special needs.

EMPLOYEE SCREENING

For your information, all UCP Family Respite employees, prior to employment and family assignment:

- Submit and pass a tuberculosis test or chest x-ray.
- Obtain fingerprint clearance through the Department of Justice & FBI.
- Provide a clean DMV driving record and proof of current auto insurance.
- Attend UCP company required orientation, which includes safety training.
- Are certified in American Red Cross Adult CPR, Infant/Child CPR, and First Aid.

SERVICES AVAILABLE THROUGH RESPITE WORKERS

Respite workers are trained to provide consistent developmental support and activities to your loved one with special needs. Respite workers, under the direction and guidance of the caretaker, can provide the following services:

- Personal care in the home (i.e. bathing, toileting, safety).
- Feeding (i.e. simple meal preparation, snacks, meal reheating).
- Assistance with self-help skills.
- Supervision and stimulation with appropriate toys and activities.

Due to safety and liability concerns, UCP Family Respite does not serve clients with extreme negative and/or combative behaviors. UCP Family Respite reserves the right to suspend or cancel services if circumstances or behaviors pose such safety issues to the client and/or Respite employees.

SERVICE COORDINATION WITH INLAND REGIONAL CENTER

- Clients must be authorized for services through Inland Regional Center (IRC). A referral from the IRC Service Coordinator must be received by the Respite Office prior to registration with the Family Respite Services Program.
- After the Respite Office Team Member has completed the intake process, and UCP has received a Purchase of Service (POS) from the Service Coordinator, parents/care providers may then request service appointments.
- If you need additional respite hours, please contact your IRC Service Coordinator. UCP has no control over how many hours you are assigned.

MONTHLY HOURS

Inland Regional Center assigns you an amount of hours per month.

You may use your hours in any way that you choose - broken down per day, or per week. Note: Unused hours do not roll over into the next month. Similarly, if you use too many hours one month, you may not pull unused hours from previous or upcoming months to cover the deficit.

EXTENDED USE BEYOND AUTHORIZATION HOURS

- Parents/care providers are responsible for keeping accurate records of respite service usage.
- Parents/care providers will be billed, at the full IRC reimbursement rate, for any hours used in excess of those authorized by IRC. Failure to pay for overused hours may jeopardize continued service through UCP.
- UCP Family Respite Services is not responsible for the payment of wages to workers for services provided that are not scheduled through the office, and are in excess of the hours authorized by IRC.

PRIVATE AGREEMENTS BETWEEN PARENTS/CARE PROVIDERS & RESPITE WORKERS

As long as a family has UCP Respite hours to use, no "private" contracting is allowed with any UCP employee. Once at a zero balance for authorized hours through UCP, any oral or written agreement between the respite workers and the parents, or primary care provider, is a private agreement between them. I.E. the parent agrees to pay the respite worker for extra hours beyond Inland Regional Center's allocation. In this manner, the agreement is independent of Family Respite Service and is not the responsibility of UCP, its staff and/or board members.

INTAKE

During your initial intake with a Respite Office Team member, please be specific in relating what type of special care needs your family will require. You will be reviewing your Client Care Summary packet, as well as the other required papers.

CANCELLATIONS

You are asked to call in cancellations for scheduled respite care service more than twenty-four (24) hours before the appointed respite. Cancellations are not deducted from the client's assigned number of hours.

HOME VISITS (or the FIRST RESPITE APPOINTMENT)

- This is an optional first appointment to meet a new respite worker and become acquainted.
- Home Visits are scheduled for two hours. Remember, establishing a relationship between your family and a Respite worker will take time, and possibly more than one visit to your home.
- If planning to leave during the Home Visit, please plan to spend at least thirty (30) minutes to review information with the Respite worker prior to departing.
- Be specific in communicating your expectations and concerns to the Respite worker.
- Review household rules, the location of the posted emergency forms, and any other information specific to the care of the client and siblings.
- Please contact the Family Respite Office if you have any comments or concerns related to a particular Respite worker. We want you, and your loved one(s), to be happy and comfortable.

SIBLING CARE

Sibling care is not provided as part of the agency's service. Any agreement made between the worker and family is not part of UCP and we will not be held responsible.

TRANSPORTATION

Transportation of client's of UCP is not allowed during Respite hours.

EXPENSES

- Workers should not have any necessary out-of-pocket expenses while providing service for your family.
- Parents/care providers are expected to provide food and snacks for their child/children and the respite worker during their absence, as well as other required general living supplies (i.e. toilet paper, soap, pet food, etc.).
- During multiple-day service, parents/care providers will be expected to provide money to the respite worker for the purchase of additional food, if needed.
- Respite workers are required to provide receipts for all purchases.
- Failure to follow these procedures may result in the suspension, or cancellation, of service.

ILLNESSES

- Prior to scheduled appointments, families must advise the Respite Office of any knowledge of illness relating to the person with special needs and/or siblings.
- If someone is ill, service will be provided only if the respite worker is willing to do so.
- If the respite worker becomes ill, he/she shall not go to the respite appointment, but will notify the Respite Office, at least twenty-four (24) hours in advance. If possible, another respite worker may be scheduled.

MEDICATION

- UCP Family Respite is a **non-nursing** service provider.
- No invasive medical procedures are allowed. This includes administration of injections, feeding tube formulas, tracheotomy insertions, etc. Parents must perform these procedures prior to leaving, or arrange to do so during the respite themselves.
- All medications must be kept out of the reach of anyone under the respite worker's care.
- A parent/care provider must complete a **UCP Medication Form** and give it to the respite worker prior to leaving for the appointment. The form clearly documents:
  - Any prescribed medications that will need to be administered to a client during the respite appointment must be pre-measured into appropriate, separate envelopes, or containers (this includes liquid medications).
  - If the client require non-prescription medications (aspirin, cold remedies, etc.) to be administered during an appointment, these must also be pre-measured in individual packets stating the name of the child, the name of the drug, its dosage, the method of administration and the time of administration.
  - The family must provide the respite worker specific instructions for the method and time of giving medication (I.E. mix with juice, with food, at bedtime, etc.)
  - After the respite, the worker submits the form to the Respite Office for inclusion in the client's file and proof that instructions were followed.

HOUSEKEEPING

- Respite workers will leave the premises in the general condition in which it was found.
- Respite workers shall prepare and serve simple meals to the person with special needs and others in his/her care. After meals, the respite worker will clean the dishes and utensils used during that meal.
- The respite workers will do only any light housekeeping that is directly related to the care of the person with special needs.
- During multiple day services, other duties may include appropriate care of plants and pets.

SANITATION

- At all times the respite worker will observe rules of cleanliness of his own person, as well as the person with special needs and others in his/her care.
- A family may be denied service if their home is kept in such a manner that would hinder finding a worker to work in the environment.

RELEASE OF CARE RESPONSIBILITY TO FRIEND OR RELATIVE

Respite workers can release care of the client and sibling(s) to the emergency contacts on record only, unless given prior written or verbal permission by the parent or guardian.

GUESTS IN HOME

- Respite workers will not have any friends or relatives, including his/her own children, in the home of any family while on duty.
- Additionally, no individuals, other than the client and sibling(s), will be cared for due to liability and safety reasons.

BEHAVIOR MANAGEMENT

- In all cases, a positive approach using behavior management techniques shall be used. No physical punishment will be permitted.
- UCP Family Respite and employees reserve the right to refuse service to clients with extensive negative behaviors, especially related to potential physical harm.

RELEASE OF INFORMATION

No pictures, slides or videos of clients, or their families, shall be taken without family consent and a signed release form.

REQUIRED FORMS FOR PROGRAM ACCOUNTABILITY

- The "Permanent Emergency Information" must be posted where it is accessible to the worker. Inform any new worker to your home of the form's location.

- A Medication Form will be required for any prescribed or non-prescribed medications administered during each respite.

WELCOME

We hope this handbook has answered any questions you may have about your Family Respite Services Program. We want you to feel comfortable using the service and are here to help you. Please refer to the front page for the phone numbers. We are excited to be working with you.

UCP OF THE INLAND EMPIRE
FAMILY RESPITE SERVICES
35-325 Date Palm Dr., Ste.139, Cathedral City, CA 92234

CLIENT CARE SUMMARY

Date: _____

CLIENT PERSONAL INFORMATION

Client's Name: _____

Date of Birth: _____ Height/Weight: _____

Client's Disability: _____

Parent's Name(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email address: _____

Client's ethnicity (*for statistical purposes only*): _____

SIBLINGS

Family Respite Services happily provides care for other children in the home, providing the situation is manageable and does not interfere with the primary care provided for the client.

Name	Date of Birth	Gender

Please describe the care your other children require (supervision, meds, allergies, behaviors, etc.):

_____

_____

_____

SERVICES

Inland Regional Center

Service Coordinator: _____ Phone: _____

Does the client attend a day program? (school, activity center, etc.) ❑ Yes ❑ No

If yes, Name of Program: _____
Address: _____
_____
Phone: _____
Contact Person: _____

EMERGENCY INFORMATION

In case we are unable to contact you in an emergency, please list the names of two local individuals (other than the parents) whom you wish us to call:

1) _____
Name Relationship Address

Home Phone: _____ Cell Phone: _____

2) _____
Name Relationship Address

Home Phone: _____ Cell Phone: _____

PERSONAL SELF-HELP SKILLS

Can the client dress him/herself independently? ❑ Yes ❑ No
Describe any assistance needed: _____

Can the client feed him/herself independently? ❑ Yes ❑ No
Describe any assistance needed: _____

Does the client have any food allergies? ❑ Yes ❑ No
If yes, please describe: _____

Is a special diet required? ❑ Yes ❑ No
If yes, please describe: _____

Can the client bath him/herself? ❑ Yes ❑ No
Can he/she be left alone in the tub? ❑ Yes ❑ No
Describe any assistance needed: _____

Is the client toilet trained? ❑ Yes ❑ No
Describe any assistance required: _____

Does the client wear diapers or "pull-ups"? ❑ Yes ❑ No
Describe assistance, times, etc: _____

Is the client ambulatory (can he/she walk)? ❑ Yes ❑ No

Does the client use any mobility aides? (wheelchair, helmet, braces, etc.) ❑ Yes ❑ No
If so, please describe: _____

If applicable, please describe the transferring process: _____
_____

Does the client:	Sit up alone?	❑ Yes	❑ No
	Stand alone?	❑ Yes	❑ No
	Walk alone?	❑ Yes	❑ No
	Run alone?	❑ Yes	❑ No
	Climb stairs?	❑ Yes	❑ No

Describe any special mobility concerns: _____

Where does the client sleep? ❑ Crib ❑ Bed ❑ Other: _____

Please describe bedtime procedures (lights on, toys taken to bed, books read, etc.):

_____

_____

_____

SENSORY AND COMMUNICATION

Does the client have any visual limitations? ❑ Yes ❑ No
Does he/she have any related adaptive equipment? ❑ Yes ❑ No
If yes, please describe: _____

Does the client have any hearing limitations? ❑ Yes ❑ No
Does he/she have any related adaptive equipment? ❑ Yes ❑ No
If yes, please describe: _____

Does the client have any speech limitations? ❑ Yes ❑ No
Does he/she have any related adaptive equipment? ❑ Yes ❑ No
If yes, please describe: _____

Does he/she use sign language? ❑ Yes ❑ No And/or P.E.C.S.? ❑ Yes ❑ No
If yes, please describe: _____

MEDICAL INFORMATION

Does the client have a history of seizures? ❑ Yes ❑ No
If yes, please describe a typical seizure: _____

_____

Does the client take any medication (including over-the-counter) on a regular basis? ❑ Yes ❑ No
If yes, please describe (attach an additional list if needed):

Name & medication purpose: _____
Dosage: _____
Method & Time: _____

Name & medication purpose: _____
Dosage: _____
Method & Time: _____

Name & medication purpose: _____
Dosage: _____
Method & Time: _____

Does the client have any know allergies to any medication? ❑ Yes ❑ No
If so, please list: _____

Does the client have menstrual periods? ❑ Yes ❑ No ❑ N/A
If so, please describe any needed assistance: _____

EMOTIONAL/BEHAVIORAL CHARACTERISTICS

In general terms, how would you describe the client?

_____
_____
_____

Describe the level of supervision required:

_____
_____

Describe any emotional and/or behavioral concerns (i.e. behavioral triggers, irrational fears, etc.):

_____
_____

Describe the method of discipline used in the home: (Note - Respite Workers may not use physical discipline, restrain or infringe on the rights of the client.)

_____
_____

What activities, games, music, TV, etc., does the client like? _ _____
_____
_____

What activities, games, music, TV, etc., does the client dislike? _____
_____
_____

HOUSEHOLD

Are there any pets/animals in the home? ❑ Yes ❑ No
Is so, please describe: _____

Are the pets/animals: ❑ Indoor Only ❑ Outdoor only ❑ Indoor/Outdoor
Please describe: _____

How does the client relate to other animals? _____

Is smoking permitted in /around your home? ❑ No ❑ Yes ❑ Outside only

Please describe any family house rules that you think we should be aware of (i.e. off-limit rooms, shoes not worn in home, food only at the kitchen table, etc.): _____
_____
_____
_____
_____
_____
_____

RESPITE WORKERS

Please describe the type of Respite Worker that would best meet your needs:

Gender: ❑ Male or Female ❑ No Males ❑ No Females

Age range desired: ❑ 18-24 ❑ 25-35 ❑ 35+ ❑ Other: _____

Special qualities your family is looking for in a Respite Worker: _____

_____

_____

_____

ADDITIONAL COMMENTS OR CONCERNS:

_____

_____

_____

_____

_____

_____

UCP Family Respite Services is committed to providing you with the best quality work possible. Please contact the Respite Office, 760-321-8184, with any ideas, comments, concerns, or suggestions you may have to improve our service.

Thank you!

CLIENT EMERGENCY CONTACT FORM

Client's Name: _____

Client's Disability: _____

Parent/Guardian Name: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

In Case Of Emergency Contact:

_____ _____

Name **Relationship**

_____ _____

Phone Number **Cell Number**

_____ _____

_____ _____

Back-Up Contact **Relationship**

_____ _____

Phone Number **Cell Number**

_____ _____

Doctor's Name **Doctor's Phone Number**

_____ _____

Preferred Hospital **Location**

_____ _____

Parent/Guardian Signature **Date:**

_____ _____

35-325 Date Palm Dr. Suite 139
Cathedral City, CA 92234
(760)321-8184 (760)321-8284 fax
www.ucpie.org
www.facebook.com/ucpie

CONSENT FOR EMERGENCY MEDICAL/DENTAL TREATMENT

I, the undersigned, herby represent that I am the parent or legal guardian of the person/people listed below and as such may authorize an adult into whose custody a child is entrusted to consent to necessary medical and dental treatment.

Pursuant to these provisions, I hereby authorize an agent of UCP Family Respite Services to obtain all medical/surgical, hospital, or dental care he/she deems necessary in order to provide for the health and safety of my dependents. Medical and dental care may include, but not limited to: x-ray examination, anesthesia, medical or surgical diagnosis, and/or treatment and hospital care.

The following is a list of all parties for whom the Respite Family Services is responsible for serving while providing respite care for my family.

Name	Medical Card Number
Name	Medical Card Number
Name	Medical Card Number
Name	Medical Card Number
Name	Medical Card Number
Name	Medical Card Number

I understand and agree that I am financially responsible for any care rendered on behalf of my dependents. Pursuant to the above authorization and consent for Medical/Dental treatment, I further acknowledge receipt of a copy of this authorization and agree that a photo static or facsimile copy of the consent shall be as valid as the original itself.

Signature of Parent	Date
Signature of Parent	Date

EMERGENCY INFORMATION FORM

Name of Physician Phone number

Physician's Address

Hospital Preference Phone number

Hospital's Address

Name of Dentist Phone number

Dentist's Address

Name of Medical Insurance Policy Number

Name of Dental Insurance Policy Number

UCP United Cerebral Palsy
of the Inland Empire
Life without limits for people with disabilities

PARENT'S EXTENDED USE BEYOND AUTHORIZED HOURS

Inland Regional Center authorizes you a specific number of hours that can be used during each month. How you use these hours is at your discretion. However, you are not allowed to use more hours than what you are given. The Respite Office tries to help monitor your hours, but it is ultimately your responsibility to keep accurate records of your use.

Any hours used beyond what you are authorized are your responsibility and must be reimbursed to UCP Family Respite at the same state rate IRC pays UCP. Inland Regional Center will not increase hours for errors, nor allow you to "borrow" hours against future months, nor "carry over" unused hours from past months. Failure to pay for overuse of hours may jeopardize continued service.

Knowingly using more hours than authorized, especially if standard appointment protocol is bypassed, is a serious violation. Workers must be paid in a timely fashion and, since IRC will not reimburse UCP for overused hours, UCP Family Respite Services must be reimbursed for employee wages and other incidental costs associated with each respite appointment.

By signing this form:

1. You agree to only use the number of hours provided by Inland Regional Center.
2. You agree that you are responsible for tracking your respite usage.
3. If you do overuse your hours, you additionally agree to reimburse UCP Family Respite Services at the current state rate for all hours above and beyond those authorized by IRC.

_____

Parent signature Date

35-325 Date Palm Drive, Suite 139, Cathedral City, CA 92234
Phone: (760) 321-8184 | Toll Free: (877)512-2224 | Fax: (760) 321-3284 | Email info@ucpie.org
www.UCPIE.org