

## Respite Services Referral Form

Respite Services are provided to caregiver of Members who require intermittent temporary supervision. These services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. [Respite Services](#)

<b><u>Request Type</u></b>			
<input type="checkbox"/> Initial Request <input type="checkbox"/> Extension <input type="checkbox"/> Member consented to respite services referral			
Member's First Name:		Last Name:	
Member's Address:		Zip Code:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: _____  Preferred pronoun:	DOB:  Age:	Primary Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	Responsible Party: Self <input type="checkbox"/> Yes <input type="checkbox"/> No Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No Public Guardian <input type="checkbox"/> Yes <input type="checkbox"/> No Advance Directive <input type="checkbox"/> Yes <input type="checkbox"/> No  Responsible Party Name and Contact:
Diagnosis (required):			ICD-Code:
<b><u>Eligibility Criteria</u></b>			
<b>Member must meet ALL the following:</b> <input type="checkbox"/> Member lives in the community <input type="checkbox"/> Are compromised in their activities of daily living (ADLS) <input type="checkbox"/> Dependent on a qualified caregiver who provides most of their support <input type="checkbox"/> Requires caregiver relief to avoid institutional placement <b>OR</b> <input type="checkbox"/> Member is a child who previously received respite services under the pediatric palliative care waiver. <input type="checkbox"/> Member enrolled in either California Children's Services (CCS) or Genetically Handicapped Persons Program (GHPP)			
Please note, if box is <b>NOT</b> checked, <b>STOP</b> . Member does <b>not</b> meet eligibility criteria.			
<b><u>Clinical and Supporting Attachments:</u></b> Supporting medical documentation should include:			
<ul style="list-style-type: none"> <li>• If respite is due to member needs, a treating physician's letter with documentation of diagnoses, medical need and evidence of frailty.</li> <li>• Documentation of any support agencies providing any care to the member</li> <li>• Documentation from agencies indicating services/supports member needs</li> </ul>			
Please submit supporting documentation with the referral form.			