

Residential Respite Information

Is the person receiving care eligible for residential care?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Has there been an ACAT assessment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date:
Who completed the assessment?					
Is there a current '2624' for respite?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date:
Assessed level of care for respite: Hostel Level Care <input type="checkbox"/> Nursing Home Level Care <input type="checkbox"/> Secure Facility <input type="checkbox"/> Bilingual Staff <input type="checkbox"/>					
Has the carer/person receiving care ever accessed residential respite?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	When?
At which Facility?					
Does the carer have a current booking for residential respite?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Dates for the respite: Facility:					
Is the carer/person receiving care happy to use residential respite?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Area of preference:					
Is the carer willing to use residential respite in an emergency if it is available?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is the carer willing to use residential respite out of their local area in an emergency?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you looking at permanent placement?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If it were available, would you use residential respite for:					
short stays?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
weekends?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
one week?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
two weeks?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
longer period?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
How often would you like to use residential respite in a twelve month period?					
Have you discussed the use of residential respite with the person for whom you provide care?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
With family members Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you and the person you care for experienced any difficulties with residential respite in the past?					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, what were these difficulties and how were they overcome?					
Verbal Consent for carer for further referral ? Yes <input type="checkbox"/> No <input type="checkbox"/>					