

House of New Hope
RESPITE CARE INFORMATION

Date Completed: _____ (only valid if within 6 months of current date)

Basic Information

Child's Name: _____ DOB: _____
 Age: _____ Gender: _____ Level of Care: _____ Grade: _____ Special Ed: _____ IEP: _____
 HONH Clinician: _____ Contact#: _____
 Custodial Agency: _____ Medicaid#: _____
 Custodial Agency Caseworker: _____ Contact#: _____

Contact Information

Foster Parent(s)	Name: Address:	Contact#:
Custodial Agency	Agency: Caseworker Name: Address: After-Hours Contact#	Contact#:
Health	Primary Care Physician: Address: Psychiatrist or Prescribing Physician: Address:	Phone# Phone#
Education	School: Address: Phone:	Teacher:
Legal	Probation Officer:	Contact#:
Treatment Services	Mental Health Therapist: Agency:	Contact#:
Emergency	House of New Hope call (888) 200-1296 toll free or (740) 345-5437 day or night	

Additional Information:

Health Information

Y or N	
	Current medical problems and/or medication:
	Allergies to medication or food:
	Up-to-Date on all immunizations:
	Special dietary restrictions:

Additional Information:

Behavior Information

Y or N	Has the child/youth exhibited any of the following behaviors in the past 12 months?
	Hurting animals:
	Fire setting:
	Suicidal gestures/attempts:
	Sexual aggression/acting-out:
	Physical aggression:
	Criminal activity:

Additional Information:

Education Information

Y or N	
	Will the child/youth be attending school during respite?
	If yes, what time does the child/youth have to be at school?
	Has the child/youth been suspended or expelled during current school year?
	Has the child/youth been truant during current school year?
	Any current in-school behavior concerns?
	Will the child/youth require assistance with homework?

Note any special arrangements for drop-off, pick-up, etc:

Mental Health Information

Y or N	
	Has the child/youth been the victim of maltreatment?
	Is the child/youth prone to depression?
	Is the child/youth prone to anxiety?
	Is the child/youth prone to tantrums?
	Is the child/youth prone to challenging behaviors?

Additional Information:

Medication

Name	Dose	Time(s) to Give	How Taken	Purpose

Additional Information:

Visitation Information

Y or N	
	Is there any person restricted from contacting the child/youth?
	Is there any person restricted from visiting with the child/youth?
	Will the child/youth have a visitation during this respite?
If yes, What date(s): What time will it start and end: What location and address: Who will child/youth be visiting? What are the transportation arrangements? Additional Information:	

Appointments and Meetings

Y or N	
	Will the child/youth have any appointments or meetings during this respite?
If yes, What date(s): What time will it start and end: What location and address: What is the reason for the meeting? What are the transportation arrangements? Additional Information:	

Discipline Plan

Important: By state law and ODJFS rule, you must **never** use any of the following forms of punishment on a foster child:

1. Any type of physical punishment, swearing or threats of violence or removal from your home;
2. Physically strenuous work or exercise;
3. Requiring or forcing a foster child to take an uncomfortable position;
4. Denial of social or recreational activities for longer than two (2) weeks for children 10 years of age and younger, or longer than one (1) month for children 11 years and older; or of lesser duration if developmentally or cognitively impaired; or if contraindicated by Individualized Service Team objectives;
5. Denial of social or case work services, medical treatment, or educational services;
6. Deprivation of meals;
7. Denial of visitation or communication rights with the family of the foster child as a means of discipline;
8. Denial of sleep;
9. Denial of shelter, clothing, bedding or restroom facility.

What negative behavior(s) can respite provider expect and under what condition(s)?

Describe what works when child/youth misbehaves?