RESIDENTIAL OPTIONS, INC.

2121 E Grand River
Lansing, MI 48912

517-374-8066 Corporate Office
517-374-5912 Fax

…Making a difference for persons with developmental disabilities and their families.

Respite House
1814 Springfield Lane
Lansing, MI 48912

GENERAL INFORMATION

Today's Date: _________________
Individual's Full Name: ____
Preferred Name (nickname): ____
Gender: __________________________ DOB: ______________________________
Age: _____________________________ Height: ______________________________
Weight: __________________________
Hair Color: _______________________ Eye Color: ___________________________
Identifying Marks: ____
Race: ___________________________ School Status: _________________________
Religious Affiliation: _______________ Date of Last Physical: _________________

GUARDIAN INFORMATION

Guardian Names:____
Address: ____
Phone Number: ____
Mother: ____
Father: ____
Marital Status: __________________________
Custodial Parent: ____
Address: ____
____
Phone Number: ____

MEDICAL INFORMATION

__ Mental Retardation
__ Epilepsy
__ Cerebral Palsy
__ Autism
__ Hearing Impaired
__ Visually Impaired
__ Paralysis
__ Immobility
__ Bipolar Disorder
__Schizophrenia
__ Depression
__ Diabetes
__ Heart Problems
__ Asthma
__ Manic States
__ ADHD

__ Allergies ____
__ Other ____
Date of last Tetanus: __________________ Date of last TB test: ____________________
Result of TB test: ____________________

SEIZURE INFORMATION

Type of seizure: ____

____

Noticeable precursors: ____

____

Average duration:____

Abnormal signs to look for: ____

____

____

MOBILITY INFORMATION

Limitations of mobility: ____

____

____

____

DENTAL CARE

Please check all that apply:

__ Brushes independently　　__ Needs supervision　　__ Needs brushed

__Uses special toothpaste or mouth wash

Dentist: ____

Date of last visit: ________________________________

Condition of teeth: ____

Problems with teeth: ____

____

NAIL CARE

__ Cares for nails independently　　__ Needs assistance

Has nails clipped every: ____

BEHAVIOR INFORMATION

Note: Corporal Punishment is Not Allowed in Licensed Foster/Respite Care Homes!

Check below any behavior that applies to this child:

__ Usually happy　　__ Pleasant Disposition　　__ Playful

__ Social　　__ Quiet　　__ Withdrawn

__ Aggressive	__ Passive	__ Antisocial
__ Abusive (self)	__ Listens well to instructions	
__ Tantrums	__ Suicidal	__ Hyperactive
__ Pica (mouths objects)	__ Enjoys breaking things	__ Elopes (runs away)
__ Cries often	__ Screams	__ Enjoys adults
__ Plays well with others	__ Helps with household tasks	
__ Needs supervision with household tasks		__ Short attn span
__ Long attention span	__ Impulsive	__ Manic
__ Biting	__ Smears Feces	__ Starts Fires
__ Lies	__ Steals	__ Destroys Property

__ Displays Inappropriate Sexual Behavior: explain ______________________________________

____

__ Abusive to self: explain____

____

How do you respond when child is attempting to hurt him/herself: ___________________

____

____

____

__ Elopement

What precautions do you take to prevent elopement: ______________________________

____

____

__ Socially unacceptable behavior (other): ____

____

____

How do you respond to this type of behavior: _____________________________________

____

____

__ Prescribed training plan for any listed behavior:

Home: ____

____

School: ____

____

Teacher/Therapist to contact: ____

Phone: ____

__ Fears/Phobias: explain: ____

____

____

__ Dislikes/Antecedents: Explain: ____

____

__ Other concerns: ____

____

MEDICATIONS

Medication	Dosage	How given	Time/Day

ALLERGIES (medication):

1. ____
2. ____
3. ____

THERAPY AND ACTIVITIES

Occupational/Physical Therapy or Required Exercise

Type	Times Done	Repetitions

Special Instructions: ____
____
____

Occupational Therapist: ___________________________ Phone: __________________________
Physical Therapist: _______________________________ Phone: __________________________

NUTRITION AND EATING HABITS

Food Allergies:

1. ____
2. ____
3. ____

__ Diet Restrictions: Explain ____
____
____

Food must be: __ chopped __ pureed __ cut up

Can use: __ fork __ spoon

Food Dislikes:

1. ____
2. ____
3. ____

Foods Not Allowed:

1. ____
2. ____
3. ____

Food to Use as a Reward

1. ____
2. ____
3. ____

Methods of Eating:

__ Eats Independently __ Needs assistance __ Needs to be fed
__ Needs to be supervised closely __ Chokes easily __ Chews well
__ Takes others food
__ Special Instructions: ____
____
____

__ Needs special seating
__ Needs special utensil/props for eating: explain ______________________________
____
____

SPEECH AND AUDITORY THERAPY

Please check all that apply:

__ Speaks clearly __ Speaks in sentences __ Speaks in single words
__ Uses gestures __ Reads lips __ Knows sign language
__ Uses PECS __ Hears normally __ Has hearing loss
__ Uses hearing aid __ Knows name __ Receives speech therapy

Therapist: ____
Phone: ______________________________________

__ Therapy not included in attached plan: ____
____
____

Familiar sound/Words used when:
Needs toilet: ____
Thirsty: ____
Tired: ____
Other: ____

APPLIANCES AND SPECIAL EQUIPMENT

__ Braces: ____
__ Bodily Protective Devices: ____
__ Glasses: ____
__ Hearing Aid: ____
__ Wheel Chair: ____
__ Other: ____

EXTERNAL ACTIVITIES

What/When/Where   Contact Person/Phone   Transportation

1. ____
____
2. ____
____
3. ____
____

Please explain any religious routines that your child would feel uncomfortable without: _______
____
____

SLEEPING HABITS

Bedtime: _________ Awakening time: ___________ Nap time: _________
Length of normal sleep: __________________

Type of bed or accessories your child needs:

__ Crib __ Youth Bed __ Bed Rail

Prefers:
__ To sleep alone __ Special toy or blanket __ Likes to be read to

__ Specific pre-bedtime routine: ____
____
____

Special Needs (bed):

__ Needs positioning: ____
__Wears special appliances __ Has nightmares __ Walks in sleep
__ Nightlight __ Leave light on __ Nocturnal Enuresis
__ Does not sleep through night __ Prefers door closed

PERSONAL CARE AND TOILETING

__ Toilet trained __ Can go alone __ Wipes self
__ Needs supervision __ Is not toilet trained __ Needs help
__ Dependent on others __ Is being trained __ Wears diapers at night
__ Wears diapers during day __ Wears training pants
__ Uses toilet stool __ Uses potty chair __ Washes hands by self
__ Washes hands with assistance __ Needs reminder to wash hands

BATHING

Frequency:
__ Daily: __ AM __PM
__ Other: ____
____

__ Can bathe or shower alone __ Needs assistance __ Need total care
__ Shampoos Independently __ Washes independently
__ Incapable of bathing alone __ Uses special shampoo or soap
__ Has seizures in tub or immediately after bathing

Prefers: __ Bath __ Shower

Special props or devices: ____

Skin allergies: ____

Lotion needed: ____

MENSTRUAL CARE (FEMALES ONLY)

__ Has begun menstruating __ Is regular __ Has varied cycles

__ Has a heavy flow __ Has a light flow

__ Can care for self __ Needs assistance

__ Prefers pads __ Prefers tampons

__ Experiences PMS/cramps __ Takes medication for discomfort

Any medication for discomfort must be approved by a physician in writing.

DRESSING

__ Dresses self __ Picks out own clothing __ Needs total assist

__ Needs only prompting

Can: __ Button __ Lace __Tie __ Comb hair __ Undress

ADDITIONAL INFORMATION

Please write any additional information you feel will help your child have a more successful stay with us.

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IMPORTANT PHONE NUMBERS

Mother:____

Father: ____

Emergency Contact 1: ___________________________________

Emergency Contact 2: ___________________________________

Hospital Preference: _____________________________________

Pharmacy Preference: ___________________________________

Parent/Guardian Signature: ________________________________

Date: ___________________

Additional Costs

I understand that certain activities during respite time (field trips, group outings, etc) have additional costs for participation above and beyond the daily rate billed. I understand that as the parent of ______________________________, it is my responsibility to cover any additional costs incurred, and hereby do agree to reimburse ROI for said costs.

____ ________________________

Parent/Guardian Signature Date

____

Parent/Guardian Printed Name

____ ________________________

Witness Signature Date

____

Witness Printed name

Damage or Destruction of Property

I understand that I will be held responsible for costs associated for any property broken, damaged, or destroyed by my child. This may include insurance deductibles or cost of replacement for an identical item.

____ ________________________

Parent/Guardian Signature Date

____

Parent/Guardian Printed Name

____ ________________________

Witness Signature Date

____

Witness Printed name

Does the child have a **Behavior Plan**? ☐ Yes ☐ No

Attached? ☐

Does the child have an **OT Plan**? ☐ Yes ☐ No

Attached? ☐

Does the child have a **Speech Plan**? ☐ Yes ☐ No

Attached? ☐

Does the child have a current **Physical**? ☐ Yes ☐ No

Attached? ☐

Additional Notes: ____

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Permission Slip

I hereby give my child, ____, permission to participate in any outing, field trip, or activity planned, associated with, or in conjunction with, the ROI respite house facility. If there is an activity that I do not wish my child to participate in, I will provide written documentation of my refusal to choice to respite house staff prior to my child's stay at the facility.

____ ______________________

Parent/Guardian Signature Date

____

Parent/Guardian Printed Name

____ ______________________

Witness Signature Date

____

Witness Printed name

Receipt and Understanding of Rights & Responsibilities

I have received and read the *ROI Respite House Facility Parents Handbook* and understand both my rights and responsibilities as the parent of a child receiving services at the ROI Respite Care Facility. I further agree to abide by all regulations regarding scheduling, procedures for drop-off and pick-up, grievances, staff-client ratio, and payment for services.

____ ______________________

Parent/Guardian Signature Date

____

Parent/Guardian Printed Name

____ ______________________

Witness Signature Date

____

Witness Printed name

Consent to Record Video

I, ____________________________________, being the parent and/or legal guardian of ____________________________________, do hereby grant Residential Options, Inc. a 501c3 not-for-profit corporation, to use video recording devices during said individual's sessions with ROI staff. Video footage will be used for training and feedback purposes, and may not be published or made publically available without consent from the aforementioned parent /guardian in the form of a signed *Publicity and Internet Likeness Waiver* as well as a *Public Usage of Video Recording* form. Further, I agree to hold ROI harmless in any manners relating to said use of the aforementioned materials related to said individual.

____ ________________________
Parent/Guardian Signature Date

____
Parent/Guardian Printed Name

____ ________________________
Witness Signature Date

____
Witness Printed name

Public Usage of Video Recording

I, ___________________________________ being the parent and/or legal guardian of ___________________________________ do hereby grant Residential Options, Inc. a 501c3 not-for-profit corporation, to make public video footage obtained during said individual's sessions with ROI staff. Video footage may include positive or negative/undesirable behaviors from said consumer, along with staff response in accordance with ABA core principles. Footage may be used in orientation videos, on the company website, or in the form of a conference for training and procedural methodology demonstrations. Further, I agree to hold ROI harmless in any manners relating to said use of the aforementioned materials related to said individual.

____ ________________________

Parent/Guardian Signature Date

____

Parent/Guardian Printed Name

____ ________________________

Witness Signature Date

____

Witness Printed name

Publicity & Internet Likeness Waiver

I, ____________________________________ being the parent and/or legal guardian of ____________________________________ do hereby grant Residential Options, Inc. a 501c3 not-for-profit corporation, to use name, relevant case information and likeness of said individual in a positive manner in such a way as to continue to foster good will, dignity and respect for the person on their website and in their promotional material. Further, I agree to hold them harmless in any manners relating to said use of the aforementioned individual.

____ ________________________

Parent/Guardian Signature Date

____

Parent/Guardian Printed Name

____ ________________________

Witness Signature Date

____

Witness Printed name