Stacey's Place
We are better together

5060 John Burruss Rd
Cumming, GA 30040
678-224-1682
StaceysPlaceInc.com

Respite Intake Service Agreement

Section 1: Personal Information

Guest

Name: _____ Date of Birth: _____

Address: _____ Gender: *Male / Female*

Phone: _____ Type: *Home / Cell* Religious Pref: _____

Parent / Guardian

Name: _____ Relationship: _____

Address: _____

Phone: *Home:* _____ *Cell:* _____ Receive Text: *Yes / No*

Email Address: _____

Agency / Support Coordinator

Company Name : _____ Contact Name: _____

Address: _____

Phone: *Office:* _____ *Cell:* _____ Receive Text: *Yes / No*

Emergency Contact

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

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

Section 2: Respite Information

Reason for Respite

Type: *Relief / Vacation / Emergency* Term: *Hourly / Overnight* Duration: _____

Type Details: _____

_____

Any additional information (likes, dislikes, foods, animals, etc…) _____

_____

_____

_____

_____

Approved Visitors

Name: _____ Relationship: _____ Off-site: *Yes / No*

Name: _____ Relationship: _____ Off-site: *Yes / No*

Name: _____ Relationship: _____ Off-site: *Yes / No*

Payment

Responsibility of Payment: *Agency*: _____ *Private Pay* _____
(Acumen, etc…) *(Name of Payor)*

* Parent/Guardian is responsible for service fees in the event of non-payment by the Agency or the Payor if not the Parent/Guardian.

Section 3: Medical Information

Allergies

Are you allergic to or do you have any adverse reaction to any of the following?

Medication: *Yes / No* Explain: _____

Plants: *Yes / No* Explain: _____

Food: *Yes / No* Explain: _____

Insect bites/stings: *Yes / No* Explain: _____

Medications

List all medications currently used, including over-the-counter if taking regularly.

Medication: _____ Dose: _____ Frequency: _____

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Authorization: In case of an emergency, I understand that efforts will be made to contact the individual listed as the emergency contact and Parent/Guardian. In the event that these persons cannot be reached, permission is hereby given to the medical provider selected by Stacey's Place, Inc. to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication. Medical providers are authorized to disclose protected health information to Stacey's Place, Inc. personnel involved in providing medical care to the guest.

Guest Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

* A photocopy of the front and back of the Guest's Health Insurance card is required.

Section 4: Activities

During the stay, there will be a number of activities to choose from that will enhance both life and social skills. Please indicate below what would be of interest.

Activity	**Yes**	**Notes**
Swim (*Cumming Aquatic Center*)		
Arts / Crafts		
Hiking / Walking		
Electronic Games (WII/PS3)		
Board / Card Games		
Limited TV Viewing		
Movies (*AMC Collection 12*)		
Baking / Food Preparation		
Gardening Activities		
Mall / Store shopping (*spending money*)		

Please let us know if there are other activities of interest: _____

_____

_____

_____

Will you be sending an outing allowance? *Yes / No* Amount: _____

Section 5: Daytime Programs

List the daytime program or work schedule if applicable.

Place: _____ Time In: _____ Time Out: _____

Address: _____

Contact Name: _____ Phone: _____

Notes: _____

_____

_____

Place: _____ Time In: _____ Time Out: _____

Address: _____

Contact Name: _____ Phone: _____

Notes: _____

_____

_____

Section 6: Care Plan

Guests at Stacey's Place, Inc. should be medically and behaviorally stable (not a threat to themselves or others).

Disability Type / Special Needs: _____

_____

_____

Aids & Equipment Requirements: (walker, special utensils, etc…) _____

_____

Personal Care Needs

For each of the following tasks, check the level of care needed as Independent (I), Requires Assistance (RA) or Full Assistance (FA).

Activity	I	RA	FA	Notes
Dress / Undress				
Select Clothing				
Showering				
Grooming				
Dental Hygiene				
Eating				
Walking Indoors				
Walking Outdoors (Uneven)				
Continent of Urine				
Continent of Bowel				
Menstrual Care				

Section 7: Policies

Property Damage

Property damage which incurs repair cost over $100.00 will be invoiced to the Parent/Guardian. All estimates / receipts will be made available upon request.

Food

Food selection will take into account allergies, likes, dislikes, restrictions, and recommendations when preparing meals or dining off-site. Severe allergies that require special food items must be provided on the day of arrival. If specialty food items are requested that incur excessive costs, the difference will be invoiced to the Parent/Guardian.

Medication

All medication is secured in a locked cabinet and is handled only by authorized personnel. Medication should be provided in their original container(s). Only send the amount of medication needed for the duration of the respite care *plus one dose*.

Pick-up / Drop-Off

Guests may be picked-up or dropped-off within a 10 miles radius of the respite home. Distances beyond 10 miles will be invoiced at a base fee + mileage rate (for the round trip) to the Parent/Guardian.

Clothing

Personal items may be labeled with the guest's name. Laundry will be provided for guests staying more than 5 days. We are not responsible for unlabeled items should they go missing.

Visitation

Any person who wishes visitation must be listed in the service agreement and will need to show a state issued identification card before allowed in the home. If the visitor is allowed to take the guest off-site, it must be noted on the services agreement. Changes to visitation must be in writing.

Media Release

It is our practice to take pictures during the events hosted by Stacey's Place to send to Parents/Guardians. Additionally, I grant permission to Stacey's Place, Inc. and its agents and employees the irrevocable and unrestricted right to reproduce the photographs and/or video images for the purpose of publication, promotion, illustration, advertising, or trade, in any manner or in any medium. I hereby release Stacey's Place, Inc. and its legal representatives for all claims and liability relating to said images or video. I waive my right to any compensation.

Section 8: Agreement

I affirm that all information provided in this service agreement is accurate and true to the best of my ability and agree to the policies set in this agreement.

Guest Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____