

# All about Our Special Family Members



For additional respite information or copies of this brochure contact:  
Alabama Lifespan Respite Resource Network\*  
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\*A project of UCP Huntsville and Tennessee Valley  
Visit our websites  
[www.alabamarespite.org](http://www.alabamarespite.org) or  
[www.ucphuntsville.org](http://www.ucphuntsville.org)

04/10

A BROCHURE TO ASSIST  
CAREGIVERS WHO ARE  
RECEIVING OR  
PROVIDING RESPITE SERVICES  
TO CHILDREN



The Alabama Lifespan Respite Resource Network and United Cerebral Palsy (UCP) of Huntsville, Mobile, Montgomery, Anniston, Birmingham and Tuscaloosa *H.E.A.R.T.S* Respite Program are pleased to offer this guide that may help alleviate some of the worries associated with taking a break from stressful and strenuous daily care giving duties.

**FOR CAREGIVERS:** We hope this brochure will help assure you that you have given your respite provider all the information they may need to take good care of your family member while you take a well deserved break. All of the information you have provided inside is very important; however, still verbally communicate all your family member's need directly to your respite provider.

**FOR RESPITE PROVIDERS:** You are offering a valuable service to a family who is very appreciative of your time and they want to provide you with all the confidence you need to give them this "gift of time". This brochure will provide information to help you provide good care to the family member left in your charge, so that you may act appropriately in any situation.

## OUR FAMILY

The \_\_\_\_\_ family

Our address \_\_\_\_\_

Our phone number \_\_\_\_\_

Our cell phone number \_\_\_\_\_

Family Caregiver contact Info: \_\_\_\_\_

Family Member Name: \_\_\_\_\_

### **Emergency numbers:**

Police 911

Fire 911

Poison Control \_\_\_\_\_

In case of emergency, and Family Caregiver can't be reached please call:

Name \_\_\_\_\_

Phone# \_\_\_\_\_

Relationship to our family: \_\_\_\_\_

### **Our doctor:**

Dr. \_\_\_\_\_

Phone# \_\_\_\_\_

Our pharmacy \_\_\_\_\_

Phone # \_\_\_\_\_

Other important numbers \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Rules**

May your family member go outside?  
\_\_\_ yes \_\_\_ no

If yes, how long? \_\_\_\_\_

In what specific areas of the yard?  
\_\_\_\_\_

May your family member have visitors?  
\_\_\_ yes \_\_\_ no

If yes, who? \_\_\_\_\_  
For how long? \_\_\_\_\_

When you are away, what are some specific instructions for the respite provider?  
\_\_\_\_\_

May the provider use the phone?  
\_\_\_ yes \_\_\_ no

May the provider have visitors?  
\_\_\_\_\_

\_\_\_ yes \_\_\_ no

May the provider smoke?  
\_\_\_\_\_

\_\_\_ yes \_\_\_ no

May the provider have snacks?  
\_\_\_\_\_

\_\_\_ yes \_\_\_ no

Will you provide snacks or will provider need to bring their own?  
\_\_\_\_\_

Other instructions for respite provider  
\_\_\_\_\_  
\_\_\_\_\_

**About Your Family Member**

**Communication:**

Is your family member verbal?  
\_\_\_ yes \_\_\_ no

If no, how does he/she communicate?  
\_\_\_\_\_  
\_\_\_\_\_

How will he/she communicate wanting to eat? \_\_\_\_\_

How will he/she ask to be helped? \_\_\_\_\_  
\_\_\_\_\_

How will he/she ask for a favorite activity?  
\_\_\_\_\_

**Behavior**

What's your family member's usual temperament?  
\_\_\_\_\_

What makes your family member happy?  
\_\_\_\_\_

What are his/her favorite games or other items?  
\_\_\_\_\_  
\_\_\_\_\_

Does your family member run or wander away? \_\_\_\_\_

Does your family member have any behaviors that are challenging?  
\_\_\_\_\_  
\_\_\_\_\_

If so, how would you manage those behaviors? \_\_\_\_\_  
\_\_\_\_\_

**Seizures:**

Does your family member have seizures?  
\_\_\_ yes \_\_\_ no

If so, please describe in detail \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long do they usually last?  
\_\_\_\_\_

What do you want your respite provider to do? \_\_\_\_\_  
\_\_\_\_\_

What happens afterward? \_\_\_\_\_  
\_\_\_\_\_

**His or Her Medications** (unskilled respite providers are not trained to give medications. This is for emergency information only.)

Name of med \_\_\_\_\_  
Dosage \_\_\_\_\_ time given \_\_\_\_\_  
Dr. \_\_\_\_\_

Name of med \_\_\_\_\_  
Dosage \_\_\_\_\_ time given \_\_\_\_\_  
Dr. \_\_\_\_\_

Name of med \_\_\_\_\_  
Dosage \_\_\_\_\_ time given \_\_\_\_\_  
Dr. \_\_\_\_\_  
Other information about medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Daily Living Activities**

Does your family member use any adaptive equipment? \_\_\_\_\_

Where is the equipment located and how or when should it be used? \_\_\_\_\_  
\_\_\_\_\_

Does your family member need assistance with eating?  
\_\_\_\_\_

Does he/she swallow well? \_\_\_\_\_  
Any food allergies? \_\_\_\_\_  
Food likes or dislikes? \_\_\_\_\_

Does your family member need help with toileting? \_\_\_\_\_  
Does your family member use diapers?  
\_\_\_\_\_

What assistance is need brushing teeth, dressing or bathing? \_\_\_\_\_

When is bedtime? \_\_\_\_\_  
Nap time? \_\_\_\_\_  
Will he/she sleep alone? \_\_\_\_\_  
Any special positioning required? \_\_\_\_\_

Are there special routines for bedtime?  
\_\_\_\_\_

Additional instructions \_\_\_\_\_  
\_\_\_\_\_