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|  | **CHILD INFORMATION FORM FOR RESPITE PROVIDER**  MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION |

**I. RESPITE INFORMATION:**

Child's Name:       Child's DOB:

Child's Medicaid Number/DCN:

Respite dates:       to       Drop off time:      am/pm Pick up time:       am/pm

Emergency Numbers: Foster Parent

Case Manager:       Child's Physician



**II. CHILD’S BACKGROUND:**

**A.** Check all that apply to the child:

**Strengths**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Helpful | Intelligent | Honest | Enjoys art | Dependable | Articulate |
| Good hygiene | Enjoys sports | Enjoys music | Interacts well w/others | Respects authority | Well-Mannered |
| Accepts change | Generous /Shares | Good with younger children | Leadership qualities | Accepts diversity in others | Compassionate |

**Needs Support**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Honesty | Bedwetting | Being Safe | Sharing | Hygiene | Toilet training |
| Anger Management | Not acting out sexually | Nightmares / Insomnia | Supervision around pets | Keeping things orderly | Tolerating redirection |
| Accepting responsibility for behavior | Not taking others property | Understanding due to lower IQ | Close supervision by caring adult | Supervision w/younger kids | Mental limitations and abilities |

**B.** Check all that apply to the child:

Suicidal  Physically Aggressive  Verbally Aggressive

Sexually inappropriate  Destruction of Property  Fire-Setting

Crimes-Delinquency  Sexually Active  Substance Abuse

Depression  Elopement  Medication needed

Medical (explanation e.g.: broken arm)     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List diagnosis: \_\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. List all medications, time, and dosage:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**III. RESOURCE PARENT CHECKLIST:**

(Resource parent, please provide the following to the respite provider)

Placing Foster Parent has notified the child's case manager of respite details,

dates, Respite Provider, and phone number

Medicaid number

Health information, social worker information, child information

Inventory: clothing, special equipment, eye glasses, toiletries e.g. toothbrush

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resource Parent's Signature Date

**What if something bad happens?**

Although unlikely, it is very important to discuss areas of concern with resource parents and determine a plan to both **prevent** a major problem and **prepare** for what to do if there is one so you know how to respond right away. Before you take the child into your care, be sure that you have the following emergency contacts available to you:

 The resource parents

 The child’s case worker

 The child’s primary doctor or pediatrician

 911

In the event of an emergency, the child’s safety should always be your first priority, but after you have made any emergency phone calls, your next calls should be to the child’s resource parents and Case Manager to let them know what is happening.