



# Respite Referral Request



**OFFICE USE ONLY**

Referral Date: \_\_\_\_\_ Referral Number: \_\_\_\_\_  
 Referring Agency: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Match Status:  Complete  Pending

## Section A

Children/Youth in Foster Care are not eligible for services at this time.

Family Requesting Respite care: \_\_\_\_\_  
 Child/Youth's Name: \_\_\_\_\_  
 Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female  
 Address: \_\_\_\_\_  
 Phone (home): \_\_\_\_\_ Phone (work/cell): \_\_\_\_\_  
 E-Mail address: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Insurance:  Yes  No    Medicaid:  Yes  No    Other: \_\_\_\_\_

## Section B

Is this the first request for respite? Yes \_\_\_\_\_ No \_\_\_\_\_  
 How will respite benefit this family? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please indicate the type of respite requested:  Individual  Group

Respite Setting:  In-home  Community  Both  No preference

## Section C

Documentation to support respite referral: ***All documentation must be current; within the last 30 days***

Intake form (current mental health services)

Behavioral form (current write-ups, in-school suspensions, behavioral logs)

## Section D

I \_\_\_\_\_ give the Respite Coordinator permission to release and/ or obtain information concerning \_\_\_\_\_ with the following agencies or programs: \_\_\_\_\_ . This consent is effective from \_\_\_\_\_ to \_\_\_\_\_  
 Signature of Parent/Guardian/Individual \_\_\_\_\_  
 Date \_\_\_\_\_ Witness \_\_\_\_\_

**Please email this form along with appropriate documentation to the following address:**

**Attention: Respite Coordinator**

[info@clinksms.org](mailto:info@clinksms.org) Telephone: (601)963-0163