Respite Services Information and Referral Form



THIS REFERRAL FORM IS REQUIRED FOR AUTHORIZATION

Community Supports (CS) are services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

Respite Services are provided to caregivers of Members who require intermittent temporary supervision. The services are provided on a short-term basis because of the absence or need for relief of those persons who normally care for and/or supervise them and are non-medical in nature. This service is distinct from medical respite/recuperative care and is rest for the caregiver only.

CONSENT						
Member Consenting	to Respite Services :	YES O N	0			
If NO, please stop a	nd do not continue.					
MEMBER INFORM	ATION					
Name:		Medi-Cal # CIN: (9 digits)				
DOB:	hone Number:		Email:			
Preferred language:		Currer	Current living situation:			
Address:						
Best place to locate	Member:					
DEFENDED INFOR	MATION.					
REFERRER INFOR	MATION					
Referrer: (check on	e) O Hospital/SNF	O PCP/Clinic	O Specialist	○ ECM	O cs	
	Other:					
Referrer Name:			Agency:			
Agency Phone Number:		F	Referrer Phone Number:			
Fax Number:						
Referrer Signature			Date			

ELIGIBILITY CRITERIA

Member must meet both:

- 1. Does member need assistance with their Activities of Daily Living (ADLs)? O YES O NO
- 2. Is the member dependent upon a qualified caregiver who provides most of their support? O YES ONO

OR the following:

Member is a child who is a foster care program beneficiaries, enrollment in either California Children's Services or the Genetically Handicapped Persons Program (GHPP)? O YES ONO

ADDITIONAL QUESTIONS

- Does the member require caregiver relief to avoid institutional placement? YES NO
- Is the member receiving IHSS, Home Health, and any other direct care services in the home? O YES O NO
- Has the member previously received Respite Services in the calendar year?
 YES
 NO

If not submitted via the Provider Portal, you may fax this form to: (805) 681-3039

For any questions, please call the Community Supports Unit at (805) 562-1698