

# Regina Residential Resource Centre (RRTC) Respite Services

**Thank you for your interest in RRTC Respite Services.** Our Respite services consist of the Respite Home and Respite Outreach. We serve individuals with physical intellectual disabilities from age 4 and above either in the community, your home, or our Respite Home.

Which of the Respite Services Program are You Interested in?  Respite Home  Respite Outreach

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Name of the Individual

---

Date of Birth (MM/DD/YY)

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Nickname

---

Health Card Number

---

Names of Parent(s) / Guardian(s)

---

Address

---

City

---

Postal Code

---

Cell Phone

---

Alternative Phone

---

Email

Preferred Means of Contact

Cell Phone

Email

Individuals Medical Diagnosis / Diagnoses

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Summary of Support Needs

Seizure Disorder

Tube Feeding

Oxygen Therapy

Physiotherapy

Chronic Conditions

Suctioning

Communicable Disease

Allergies (food / medications / other)

Please List All Other Medical Conditions (heart condition, diabetes, etc.)

Communication     Nonverbal     Single Words     Sentences     Sign Language     Pecs  
 Level of Understanding     Good     Moderate     Mild     Poor  
 Level of Hearing     Good     Moderate     Mild     Poor  
 Vision     Good     Moderate     Poor     Blind  
 Feeding     Independent     Prompt     Partial Assistance     Total Assistance  
 Toileting / Bowel Care     Independent     Prompt     Partial Assistance     Total Assistance

Challenging Actions ...

Acting Out Towards Properties     Never     Rarely     Sometimes     Often  
 Acting Towards Others     Never     Rarely     Sometimes     Often  
 Acting Towards Self     Never     Rarely     Sometimes     Often  
 Sexual Acting Out     Never     Rarely     Sometimes     Often

Attending School / Vocation Program?     Yes     No

Name of School / Vocation Program \_\_\_\_\_

Does Your Child / Ward Have a CLSD / Family Service Worker?     Yes     No

\_\_\_\_\_  
 Name of Worker                                      Telephone Number                                      Email

Any Pertinent Information Relevant to Your Application

\_\_\_\_\_  
Name of the Person Completing Application

\_\_\_\_\_  
Relationship to the Individual

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Completion

**Respite Services Application Consent to Share Information**

I, \_\_\_\_\_ parent / guardian to \_\_\_\_\_  
hereby authorize you to release information for your records on the above named person to RRRC.  
It is my understanding all records released by you will be kept confidential by RRRC.

\_\_\_\_\_  
Name of Day Program / School

\_\_\_\_\_  
Teacher's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE**

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Missing Information

\_\_\_\_\_  
Approval Status