



Children's Respite Care Referral

81 Fort Covington St
Malone, NY 12953
Voice: 518-917-2928

70 Edgewood Road, P.O. Box 1270
Saranac Lake, NY 12983
Voice: 518-891-2319
Fax: 518-891-2621

Child's Name: _____ DOB: _____ Age: _____

Parent/Guardian Name(s) & Relationship _____

Address: _____

Phone Numbers: Home: _____ Cell: _____ Work: _____

*****Authorization for Release of Information Form must be submitted with Referral Packet.*****

Referral Source:

Name & Title: _____ Date: _____

Agency: _____ Phone#/Fax #: _____

Please list **Parent and Provider's** reason for referral: _____

Interested in: **Hourly Respite: Yes No**

Planned/Overnight Respite: Yes No

Health Information:

Primary Care Physician: _____ Phone Number: _____

Mental Health Provider Name: _____ Phone Number: _____

Medications: _____

Allergies: _____

Diagnosis/History of Hospitalization: _____

Does the child have a history of violent/risky behaviors (Check all that apply):

- Physical aggression toward self/others
- Sexual/inappropriate touching/contact
- History of trauma
- Delinquent behavior (i.e., stealing)
- Substance Abuse/use
- Fire Setting

Please describe violent/risky behaviors checked:

Where do these behaviors occur? _____

Does the child have special transportation needs? _____

Any history of unsafe behaviors in a vehicle or with transport?

Does the child currently have a Wellness/Safety Plan?

YES (If yes, please attach a copy) NO

If no, can the RS Coordinator/Provider develop a plan for safety prior to service hours?

YES NO

List other community agencies working with family:

<u>Agency</u>	<u>Provider Name</u>	<u>Phone #</u>

Please submit referrals to:

Christy Gratton, Family Services Coordinator
Citizen Advocates, Inc.
(O) 518-917-2928
christygratton@citizenadvocates.net