

HARBOR REGIONAL CENTER

**FAMILY RESPITE NEEDS ASSESSMENT
SUMMARY SHEET**

Date: _____

Individual's Name: _____ D.O.B: _____ Current Age: _____

Individual's Regional Center UCI #: _____ Counselors Name: _____

Name of Person(s) Completing Form: _____

INSTRUCTIONS: Using the Family Respite Needs Assessment Guideline, complete the following summary sheet in order to obtain an estimation of the amount of respite the family might receive through regional center funding.

Values from Guideline

I. AGE OF INDIVIDUAL _____

II. ADAPTIVE SKILLS _____

III. MOBILITY _____

IV. DAY PROGRAM ATTENDANCE _____

V. MEDICAL NEEDS (A value of 1-3 requires an explanation of need) _____

VI. BEHAVIORAL NEEDS (A value of 2-5 requires an explanation of need) _____

VII. FAMILY SITUATION _____

TOTAL VALUE: _____

Individual's Name: _____

Total Value: (Transfer from Page 1) _____ = _____ Hrs/Month or Days/Month*

* See Chart(s) below to determine respite hours/day(s)

Less other Generic Resource Considerations:

- Less _____ Number of county funded respite hours
- Less _____ Number of IHSS hours that meet respite need
- Less _____ Special non-medical Board & Care SSI rate
- Less _____ EPSDT respite support
- Less _____ ECHO Military Benefit support
- Less _____ EFMP Military Benefit support
- Less _____ NF Waiver support hours
- Less _____ Other: _____

Total Regional Center Funded Respite Hours: _____

Hourly Rate Respite:

0-5 points	Routine supervision
6-10 points	8 hours per month
11-15 points	12 hours per month
16-19 points	16 hours per month
20-24 points	24 hours per month
25 +	Exception

Daily Respite: (Up to 24-hour increments)

0-6 points	Routine supervision
7-15 points	1 day per month, not to exceed 12 days/year
16-30 points	2 days per month, not to exceed 21 days/year
30 + points	Expanded Planning Team Determination**

** The Expanded Planning Team must consider the criteria stated in W & I code 4686.5 and the regional center's respite exception guidelines when determining respite services in excess of 90 hr/quarter of in-home respite services or 21 days/year of out-of-home respite services.