

## HARBOR REGIONAL CENTER Respite Needs Assessment Tool

CLIENT:  UCI:  DOB:  SC:  DATE:

	<b>LOW Need 1 point</b>	<b>INTERMEDIATE Need 2 points</b>	<b>HIGH Need 3 points</b>	<b>EXCEPTIONAL 4 points</b>
<b>SELF-CARE</b>  <input style="width: 40px; height: 30px; margin: 10px auto;" type="text"/>	<ul style="list-style-type: none"> <li>Less than 3 years old</li> <li>Needs are similar to typical peers</li> <li>Minimal self-care needs</li> <li>Independent with self-care tasks</li> <li>Only requires verbal prompts and reminders</li> <li>Completes self-care tasks using a visual schedule</li> </ul>	<ul style="list-style-type: none"> <li>Needs are greater than typical peers</li> <li>Requires multiple physical, gestural, verbal prompts</li> <li>Some hand over hand assistance is required</li> </ul>	<ul style="list-style-type: none"> <li>Needs are much greater than typical peers</li> <li>Requires hand over hand assistance</li> <li>Cannot perform helpful movements</li> <li>Needs help with transfers</li> </ul>	<ul style="list-style-type: none"> <li>Completely dependent on adult assistance</li> </ul>
<b>BEHAVIORAL</b>  <input style="width: 40px; height: 30px; margin: 10px auto;" type="text"/>	<ul style="list-style-type: none"> <li>Behaviors are similar to typical peers</li> <li>Mild behaviors (intensity, frequency, duration)</li> </ul>	<ul style="list-style-type: none"> <li>Behavioral issues greater than typical peers</li> <li>Moderate behaviors (intensity, frequency, duration)</li> </ul>	<ul style="list-style-type: none"> <li>Behavioral issues are much greater than typical peers</li> <li>Intense behaviors (intensity, frequency, duration)</li> </ul>	<ul style="list-style-type: none"> <li>Requires a very high level of supervision to remain safe</li> </ul>
<b>MEDICAL</b>  <input style="width: 40px; height: 30px; margin: 10px auto;" type="text"/>	<ul style="list-style-type: none"> <li>Needs are similar to typical peers</li> <li>Simple medication management</li> <li>Regular medical check-ups</li> </ul>	<ul style="list-style-type: none"> <li>Needs are greater than typical peers</li> <li>Moderate medical needs</li> <li>Frequent medication management</li> <li>Frequent medical appointments</li> <li>Regular monitoring (blood sugar, respiration)</li> </ul>	<ul style="list-style-type: none"> <li>Needs are much greater than typical peers</li> <li>Intense medical needs</li> <li>Regular repositioning</li> <li>g/j- tube, tracheostomy</li> <li>active, frequent seizures</li> </ul>	<ul style="list-style-type: none"> <li>Medical or behavioral needs require care at night, impacting caregiver's sleep</li> </ul>
<b>FAMILY SUPPORT</b>  <input style="width: 40px; height: 30px; margin: 10px auto;" type="text"/>	<ul style="list-style-type: none"> <li>Two parent or shared custody household</li> <li>Caregivers are physically, emotionally resilient</li> <li>Natural and/or generic supports are available</li> <li>Parent does not work and client attends school/day program</li> </ul>	<ul style="list-style-type: none"> <li>One parent/caregiver household</li> <li>Caregivers need physical, emotional support</li> <li>Limited natural and/or generic supports</li> <li>Both parents/caregivers work full-time</li> <li>Client does not attend school/day program</li> </ul>	<ul style="list-style-type: none"> <li>Parents/caregivers have high need for physical, emotional support</li> <li>No natural and/or generic supports</li> <li>Multiple regional center clients living in home</li> </ul>	<ul style="list-style-type: none"> <li>Crisis level situation</li> <li>Parents/caregivers have significant health issues</li> <li>Caregiver and generic services together do not meet the client's care needs</li> </ul>

**TOTAL**

TOTAL POINTS	1-4 pts	5-8 pts	9-12 pts	13-14 pts
MONTHLY HOURS	6-10 hrs	11-20 hrs	21-30 hrs	31-40 hrs

EXCEPTIONAL LEVEL RESPITE	15-16 pts
	41+ hrs

**REQUESTED**