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Revised
5/2018

Respite Referral

(EOR)

Client Information

Client Name	
UCI / ID #	
DOB	
Primary Language	
Parents/Legal Guardians	
Physical Address, City, State, Zip Code.	
Home Phone	
Cell Phone	
Email	
Diagnosed Disabilities	

Referral Date:

Vendor Information:

EOR Vendor # **HN0245**
 Service Code: 862
 Fax #: **707-644-7742**
 Email: Referrals@soniacorina.org
 Phone: 707-644-4491
 Web: www.soniacorina.org

Case Manager Information

Name	
Phone #	
Email	
City	

History/Siblings/Client Qualifications

- Provided current IPP Form with signature page with CM & Parent signature? Yes No
- Is this a returning EOR client? Yes No
- Is client coming from: SCI Routine-Service Yes No
If switching from Routine-Service, send POS cancellation to Service department
- Regional Center client siblings w/EOR referrals or current EOR authorizations: (each client sibling needs a separate referral)
 Name(s):
- Are there any known dangerous propensities exhibited by client or in the family? Yes No
 If yes, explain:
- Does client require lifting? Yes No Weight lbs

Respite Care Provider Information*

*Over 18, no felonies, eligible for work in USA, NOT parents/LG/primary caregivers

RCP 1

Name	
Phone	
Add'l info	

RCP 2

Name	
Phone	
Add'l info	

Specialized Healthcare: G-Tube, Epi-Pen, Inhaler/Nebulizer- EOR does NOT accept these referrals. These clients must be referred to Routine-Service SCI using a Specialized Healthcare referral.

Qualifying Information

Medi-Cal		FCPP		IHSS- Protective Supervision	
Has full-scope?		Already assessed? If yes, percentage-		Applicable to client?	
Need to apply/in process?		Need to be assessed/in process?		Need to apply/in process?	